

## Hope Elementary School

391 North Road  
Hope, RI 02831  
(401) 821-3651  
Fax: (401) 823-4976



### New Student Registration Packet

In order to register any new students to the District, you must bring **all of** the following information to the school:

- Completed Registration Forms
- Proof of Residency (see Proof of Residency sheet for acceptable documentation)
- Residency Affidavit Form
- Copy of Child's Birth Certificate
- Copy of Parent/Guardian's License
- Medical Records/Immunizations
- Completed Health History Form
- Completed Language Survey
- Signed Bus Information Form
- Completed Grades and/or Transcript Release (from prior school)
- Completed Release of Records Form

If any of the above information is missing, we will **not** be able to register your child.

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Dana Morel  
Principal

## Registration Form

Student's Name: \_\_\_\_\_ Sex:  M  F  
Last First Middle

Current Address: \_\_\_\_\_  
# Street City Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above)

Home Phone: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

In the case of having sole custody, is there a restraining order in effect?  Y  N

\*If Yes, a copy of the restraining order must be given to the school.

Number of Brother(s): \_\_\_\_\_ Age(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Number of Sister(s): \_\_\_\_\_ Age(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_  
# Street City Zip

Last School Attended: \_\_\_\_\_

Last School Attended Address: \_\_\_\_\_

Last School Attended Phone: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Does this student have an **Individualized Education Plan (IEP)**?      **Y**      **N**

Does this student have an active **504 Plan**?   **Y**      **N**

(If you circled **Y** for either of the above, please have a copy forwarded to Hope Elementary School or have a hard copy included with the completed packet)

Is there any additional information that you feel may help us better serve this student?

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I certify that the above information is accurate to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## Proof of Residency

- Every child who registers for school in Scituate (even siblings) is required to prove residency.
- When a family moves from one Scituate address to another address in Scituate, they must once again provide proof of residency.
- When a new member of the family registers for school, they must once again provide proof of residency.

### **Acceptable forms are:**

- Utility Bill – phone, electric, cable or gas bill in the name of the parent as noted on the birth or adoption certificate, with address noted.
- Lease Agreement – in the name of the parent as noted on the birth or adoption certificate, with address noted.

### **Not accepted:**

- Driver's License
- Sales Agreement
- Mortgage Documents
- Other mail

### **Rental Situation:**

If it is a rental situation, without a lease agreement and without utilities in the renter's name, the landlord must write a letter confirming the parent(s) are living at the address, **and it must be notarized**. The letter must have the landlord's name and telephone number. The school must keep the original letter. In the case of siblings at different schools, the first school may keep the original letter and forward a copy to the second school.

Let the parents know that we will do one or more of the following:

1. Check the Scituate Property Listing or with Town Hall to be certain the person is actually a landlord.
2. Telephone the landlord to verify the rental status.
3. Follow up with a home visit (perhaps more than one) by the truancy officer to be sure the child is actually sleeping/living there.

### **Hardship Situation:**

If someone is living with a friend or relative, without a lease agreement or not paying rent, then a letter must be written by the person they are living with confirming the parent(s) are living at the address, **and it must be notarized**. The letter must have the homeowner's name and telephone number. The school must keep the original letter. In the case of siblings at different schools, the first school may keep the original letter and forward a copy to the second school.

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## Residency Affidavit Form

### Caution:

Read this statement carefully before signing. This document requires you to provide information which, if not true, could make you responsible for the payment of tuition for your child to attend Scituate Public Schools.

### Section 1:

I, (name) \_\_\_\_\_, affirm that  
(child's name) \_\_\_\_\_, whose date of birth is  
(month/day/year) \_\_\_\_\_, resides permanently with me at my residence at (street  
address) \_\_\_\_\_, in  
Scituate RI Public School District.

I am the (check one):

- Legal Guardian
- Custodial Parent
- State Appointed Custodian
- Person responsible for the child who resides with me for other than the sole purpose of attending Scituate Public Schools.

Regarding the above named, child, submitted with this statement (if applicable), is a certified copy of a court order granting me custody, legal guardianship, or temporary state custody of the above named child.

### Section II:

I understand that only legal residents of the town of Scituate, who are otherwise eligible are entitled to be educated by the Town of Scituate without charge.

### Section III:

If any of the above information ceases to be true, I shall immediately notify the Scituate Public Schools in writing and, if the child is permitted to remain in the Scituate School System, I will be responsible for payment of tuition for the child at the prevailing district rate on a pro-rated basis (unless otherwise permitted to remain in the district by applicable law or regulation). Such payment shall be charged from the date that any of the above information ceases to be true. Such tuition shall become immediately due and payable.

**I affirm that the above statements are true and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

# HOPE ELEMENTARY SCHOOL

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## Health History Form

This form is to be completed by the student's parent or guardian.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Name of Prior School: \_\_\_\_\_

City/Town: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Hospitalizations:

Has this student ever been hospitalized?      **Yes**      **No**  
If Yes, please explain below and give the year of occurrence.

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### Accidents:

Has this student ever had a serious accident?      **Yes**      **No**  
If Yes, please explain below and give the year of occurrence.

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### Chronic Illness:

Does this student have a chronic illness such as asthma, diabetes, epilepsy, heart condition, etc.?      **Yes**      **No**  
If Yes, please explain below.

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### Medications:

If this student taking any medications?      **Yes**      **No**  
Name of medication, dosage, and frequency: \_\_\_\_\_  
Condition student is taking medication for: \_\_\_\_\_

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## HOME LANGUAGE SURVEY

In order to provide an appropriate educational program for each student, the Scituate School Department requests that you complete the following questionnaire to assist us in determining your child's primary language.

### Name of Student:

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Last First Middle

### To Be Answered By Parent/Guardian

1. What language do you most OFTEN use when speaking to your child?  
 English  
Other \_\_\_\_\_
  
2. What language did your child FIRST learn to speak?  
 English  
Other \_\_\_\_\_
  
3. What language does your child MOST OFTEN use when speaking to brothers, sisters, and other children at home?  
 English  
Other \_\_\_\_\_
  
4. What language does your child MOST OFTEN use when speaking with you or other adults in the home?  
 English  
Other \_\_\_\_\_
  
5. What language does your child MOST OFTEN use when speaking with friends or neighbors, OUTSIDE the home?  
 English  
Other \_\_\_\_\_

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Signature of Parent/Guardian

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Date

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Please Print Name of Parent/Guardian

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Country of Origin

Hope Elementary School

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AUTHORIZATION FOR RELEASE OF RECORDS  
(Including Confidential Special Education)

I give permission to \_\_\_\_\_ to  
(Previous School's Name)

release all educational, psychological, and medical records of my child, including current IEP, Special Education evaluations, 504 plans, RTI plans, etc. to:

Hope Elementary School  
391 North Road  
Hope, RI 02831

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Parent or Legal Guardian



## SCITUATE SCHOOL DEPARTMENT

### SCHOOL BUS RULES

The basic premise which must be understood is that the riding of a school bus is not an absolute right but a conditional right. A student does not ride a school bus under any conditions, but under reasonable rules established by the governing authority or a designee. Should the student violate any rules, he does so at his own peril.

#### REGULATIONS FOR SCHOOL BUS PASSENGERS

1. The bus operator is in full charge of the bus and all passengers must promptly obey the bus operator's directions and instructions.
2. Pupils shall ride their regularly assigned bus at all times, unless permission has been granted by the school authorities.
3. Except by written permission of school authorities, no pupil shall be permitted to leave the bus except at his or her regular stop.
4. Each pupil may be assigned a seat in which he/she will be seated at all times while on the school bus, unless permission to change the assigned seat is given by the school principal and/or bus operator.
5. Outside ordinary conversation, classroom conduct must be observed on the school bus.
6. Pupils shall assist in keeping the bus clean by keeping their waste paper off the bus floor. Pupils shall also refrain from throwing refuse out the windows. To help keep the bus clean, eating and drinking is not allowed.
7. No pupil will smoke or light matches on a school bus or consume or possess any alcohol or controlled substance.
8. No pupil shall extend his or her head, hands, arms or legs out of the windows, at any time regardless of whether the school bus is in motion or standing still.
9. No pupil shall open a window on the school bus without first getting permission from the school bus operator.
10. Pupils must not have in their possession anything that may cause injury to another passenger, such as sticks, breakable containers, any types of firearms, straps or pins extending from their clothing. No animal is permitted on a school bus, except muzzled "seeing eye" dogs.
11. Each pupil must see that books and personal belongings are kept out of the aisle. Special permission must be granted by school authorities and the bus operator to transport any large items other than musical instruments.
12. No pupil shall talk to the operator more than is necessary while the bus is in operation.
13. No pupil shall sit in the operator's seat, nor shall any pupil be transported while located to the immediate left or right of the driver.
14. Pupils are to remain seated while the bus is in motion, and they are not to get off or on the bus until it has come to a full stop.

**STUDENTS FAILING TO COOPERATE WITH THESE RULES WOULD BE PENALIZED AS FOLLOWS**

1. There is a two week suspension from bus privileges on the first offense for carrying weapons, use of profanity, use of firecrackers, causing open flame, fighting, malicious damage to buses, and throwing articles out of or in the bus.
2. All other offenses will result in a warning on the first offense and loss of bus privileges on the second offense; the length of time to be determined by the building principal up to a maximum of two weeks.
3. Pupils attending out of town schools will deal directly with the Superintendent of Schools.

**ALL RULES WILL PERTAIN TO FIELD TRIPS AND SCHOOL SPONSORED FUNCTIONS**

School bus complaints will be made on a school bus complaint form by the bus driver, parents, or students. These forms are given to the building principal for action. If a student is suspended from riding the bus, several days of grace time may be given in order that parents have an opportunity to arrange transportation for their child who must attend school under the school attendance laws.

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Student's Name

Bus Number

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Parent's Signature

Date

**BUS INFORMATION FORM**

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

House#

Street

Town (village)

TELEPHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_