

**CHARIHO REGIONAL SCHOOL DISTRICT
REGISTRATION SHEET**

Charlestown School
363 Carolina Back Rd
Charlestown, RI 02813
Phone 401-364-7716
Fax 401-633-7078

Richmond School
190 Kingstown Rd
Wyoming, RI 02898
Phone 401-539-2441
Fax 401-633-7139

Ashaway School
12A Hillside Ave
Ashaway, RI 02804
Phone 401-377-2211
Fax 401-633-6208

Hope Valley School
15 Thelma Dr.
Hope Valley, RI 02832
Phone 401-539-2321
Fax 401-633-7099

Chariho Middle School
455B Switch Rd
Wood River Jct, RI 02894
Phone 401-364-0651
Fax 401-223-4925

Chariho High School
453 Switch Rd
Wood River Jct, RI 02894
Phone 401-364-7778
Fax 401-415-0436

Career & Technical Center
459 Switch Rd
Wood River Jct, RI 02894
Phone 401-364-6869
Fax 401-223-9623

RYSE School
455C Switch Rd
Wood River Jct, RI 02894
Phone 401-315-2880
Fax 401-223-9651

Student's Legal Name _____ Date of Birth _____

Gender Male Female Place of Birth _____ Grade Level _____

Does your child:
 Have an IEP (Special Education Individualized Education Plan)? Yes _____ No _____
 Have a 504 Plan? Yes _____ No _____
 Receive other remedial services? Yes _____ No _____

Home Language Survey

Is there a language other than English spoken in your home? Yes _____ No _____
 Did your child learn to speak English first? Yes _____ No _____
 Did/does your child spend time with grandparents, relatives, or friends who speak another language?
 Yes _____ No _____
 If you answered yes to any of these questions, with what other language has your child been familiar?

 Has your child ever been enrolled in and ESL or Bilingual class? Yes _____ No _____ If yes, what
 program was used? _____

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For Official Use Only: _____ Date of Entry _____ Student ID Number _____

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|---|--|
| <p>_____ Original Birth Certificate /Adoption Decree /
Passport</p> <p>_____ Locator Card - Proof of Residency</p> <p>_____ Registration Sheet</p> <p>_____ Emergency Consent to Release Form</p> <p>_____ Ethnicity/Sibling Form</p> <p>_____ Dental Form</p> <p>_____ RI State School Physical Form</p> | <p>_____ Release of Records (If child has previously
attended school)</p> <p>_____ Change of Bus Stop Form (For childcare
purposes, if necessary)</p> <p>_____ Copies of Court Documentation (Pertaining to
custody matters or restraining orders)</p> <p>_____ Bus Number</p> |
|---|--|

Teacher Name _____

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Kindergarten Only: _____ Child Outreach Screening _____ Kindergarten Bus Release _____

Pre-School (Name and Address) Last Attended: _____ Date Last Attended _____

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Transfer Out of Chariho: _____ Release of Records Form Date Records Forwarded _____

Date of Withdrawal _____ School Name and Address _____