

ADDRESS VERIFICATION POLICY

Parent(s) or legal guardian(s) of students who were not enrolled in the Pawtucket public school district for the preceding school year are required to submit three written evidence of residency prior to enrollment. Evidence consists of the parent's or legal guardian's payroll stub, bank statement, health insurance statement, auto insurance statement, federal/state/ local correspondence, or utility bill such as gas, electric, cable, or telephone (not cellular).

The parent(s) or guardians are further required to execute a sworn affidavit attesting that they are legal parent(s) or guardian(s) and that the student resides with them. The affidavit also certifies that the parent(s) or guardian(s) agree to notify the Superintendent of Schools within the (10) days of the change in the residence of the student.

The parent(s) or guardian(s) of all other students are also required to complete an affidavit and show proof prior to the end of the second week of the school year or the student may be dropped from enrollment.

AFFIDAVIT OF RESIDENCY

I hereby certify that I am the parent/legal guardian of _____ who resides with me at _____ Pawtucket, Rhode Island. Furthermore, I hereby agree that I am responsible for notifying the Superintendent of Schools of the Pawtucket School Department should I, or my child/ward change our residence to an address outside of the city of Pawtucket.

I also realize that in order to attend the Pawtucket school district it is necessary that my child/ward be a resident of the city of Pawtucket. Accordingly, I hereby agree to be responsible for reasonable tuition for my child/ward should his/her residence change to outside the city of Pawtucket. This responsibility runs from the date of child/ward change of address until the date upon which the Superintendent of Schools is notified of such change of address.

Parent/Legal Guardian Signature Date
(Affidavit of Residency) (Signed under the pains and penalty of perjury)

**PLEASE SIGN THIS FORM & ATTACH PROOF OF RESIDENCY
RETURN BOTH TO THE SCHOOL**

OVER THE COUNTER MEDICATION POLICY FORM

TO ALL PARENTS OR GUARDIANS:

Please complete the Over-The-Counter Medication Policy Form below and have your child return it to his/her classroom/homeroom teacher as soon as possible.

IT IS IMPERATIVE THAT WE RECEIVE A FORM FROM EACH CHILD REGISTERED IN OUR SCHOOLS.

___ Yes, I give the school nurse permission to administer the following over-the-counter medications as needed: Ibuprofen, Tylenol, Benadryl, and an antacid, as well as throat lozenges.

___ No, I do not wish the nurse to administer any over-the-counter medications to my child.

Please answer the following questions regarding your child:

Child's Name: _____ Classroom #: _____

Allergies: _____

Medical Problems: _____

Medication taken: _____

Other information regarding your child you would like the School Nurse and/or School Department Employees to know:

Please be informed that the above information will be shared with Pawtucket School Employees as needed.

Signature of Parent/Guardian: _____