

## Rivendell Interstate School District 10 School Drive, PO Box 271 Orford, NH 03777 Tel: 603-353-2170 Fax: 603-353-2189 www.rivendellschool.org

## **Student Registration Form**

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<b>School Attending:</b>	Rivendell Aca	demy S	amuel Morey 🔲	Westshi	re 🗌	
Student's Full Legal Name:(I			Grac	le:		
Date of Birth:	Child's	Birthplace:		Gender:		
Mailing Address:(Numl						
(Numl	per & Street)	(Town)	(State)	(Zip Code	<del>;</del> )	
Physical Address (if differen	t):					
Type of transportation to sch	ool:			Bus #:		
Type of transportation from	school:			Bus #:		
**Students Town of Residence Name (s)	ce:		Child lives with: Guardi		Mother Both	
** 16 V.S.A. § 1075. Legal re (a) For the purpose of this titl follows:	esidence defined;	responsibility and pa	ayment of education of	pupils	No upil shall be as	
(1) in the case of a minor, leg	al residence is wh	nere his or her parent	s reside, except that:			
(A) if the parents live apart, lot the state of Vermont the pupil				vith sole custody	lives outside	
(B) if the minor is in the custo another state, territory or cour				urt of competent	jurisdiction in	
(2) in the case of a student wh	o has reached the	e age of majority, leg	al residence is where the	he student resides	<b>;</b> ;	
(3) for the purposes of this tit the school district and who, if school district indefinitely and "temporarily absent" includes the term "domicile." A marrie removes to another town with residence in the town in whice	Etemporarily absed to return there, of those special cased person may have the intention of r	ent, demonstrates an coupled with an act of the listed in 17 V.S.A we a domicile independent of the listed in the	intent to maintain a print or acts consistent with the second of the domicile of the domicile of that person shall be second or the domicile of the domicile o	ncipal dwelling p that intent. The te 'residence" is syn of his or her spous all be considered	place in the erm nonymous with se. If a person to have lost	

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

A person may have only one residence at a given time.

Contact Information									
Parent/Guardian Contact Name:	Second Contact Name:								
Relation to Student:	Relation to Student: Address:								
Address:		Address:							
Home Phone #:	YES / NO	Home Phone #:	Y	YES / NO					
Work Phone #:	YES / NO	Work Phone #:	<u> </u>	YES / NO					
Cell Phone #:	YES / NO	Cell Phone #:	7	YES / NO					
Current E-Mail:	YES / NO	Current E-Mail:	<u> </u>	YES / NO					
PLEASE SELECT YES OR NO IF YOU WOULD LIKE TO RECEIVE ALERTS FROM SCHOOL MESSENGER AT THE PHONE NUMBERS AND E-MAIL YOU HAVE PROVIDED. THESE ALERTS WILL INCLUDE SCHOOL CLOSINGS, DELAYS, EARLY RELEASES, BUS UPDATES AND ANY OTHER EMERGENCY INFORMATION.  Are there any preschool aged children in the household not attending Westshire or Samuel Morey Elementary? If so, please provide their names and ages:									
Vermont State/Federal Ethnicity Reporting Requirement									
Is Student Hispanic or Latinx? (select one)	Yes,	Hispanic or Latinx No.	, not Hispanic	or Latinx					
What is student race? (check all that apply) American Indian or Alaskan Native (a person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliations or community recognition) Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand and Vietnam) Black or African American (a person having origins in any of the black racial groups of Africa) Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands) White (indication of a person having origins in any of the peoples of Europe, North Africa or the Middle East)									
Is there any serious illness or disability that values two people that would pick up your child Name: Phone #: Phone	d when ill, if we ca	annot reach you: Relationship to child:							
REQUIRED – MUST ANSWER ALL									
QUESTIONS Has your child ever received at a previous school that resulted in probation	d disciplinary action	on (academic or behavioral)	YES	NO					
Does your child currently receive, Special Ed	ducation and/or, 5	04 services at school?	YES	NO					
Has your child received, Special Education and/or, 504 services in the past at this or any other school?				NO					
Is your child in the process of evaluation to see if he/she qualifies for Special Education and/or 504 services?				NO					
Is there a language other than English spoker If yes, please indicate which language	YES	NO							
Does either parent/guardian hold a 4-year co	YES	NO							
Are either parent/guardian serving in active military? (active duty, guard, reserves, or coast guard)  YES  If yes, please indicate which branch									
REQUIRED- MUST ANSWER ALL QUESTIONS									

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that providing false or misleading information is subject to consequences. I further understand that my son/daughter will not be enrolled at RISD until I have met with a School Counselor and Administrator, established appropriate academic placement and verified residency or fulfilled a tuition agreement.

I have met with a RISD Administrator YES NO

Your student may qualify for Free and Reduced lunch status which directly impacts how much federal aid the district receives. We encourage you to fill out the appropriate form by contacting the district office at 603-353- 2170 ext. 2132. Qualification for free and reduced meals may lead to additional benefits at the household level.

Parent/Guardian Signature: