

COVENTRY PUBLIC SCHOOLS

Regional Career and Technical Center

at Coventry High School

40 Reservoir Road

Coventry, RI 02816

Phone: 401-822-9499 ~ Fax: 401-822-9492

REQUEST FOR STUDENT RECORD

Dear Parent/Guardian:

Please complete the form below to enable Coventry High School to request records from your child's previous school.

Student Information (Please print clearly)

Student Name: _____ Date of Birth: _____
Current Grade: _____
School Name _____
Address _____
City/State _____
School Phone: _____ Fax: _____

Parent/Guardian Signature _____ Date: _____

The following information must be included in order for the registration packet to be complete.

- | | |
|---|--|
| <input type="checkbox"/> Immunization/Health | <input type="checkbox"/> Attendance History |
| <input type="checkbox"/> Official Transcript w/Credits | <input type="checkbox"/> School Lunch Form (if applicable) |
| <input type="checkbox"/> IEP/504 (w/supporting documents) | <input type="checkbox"/> Chromebook Forms |
| <input type="checkbox"/> Discipline History | |

Parental permission is no longer required when records are requested by authorized school personnel. FERPA (Family Education Rights and Privacy Act) Federal records Register, June 17, 1976, Vol 41 #110 page24673)

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PARENT INFORMATION

Please complete all the information below and print clearly using ink:

Contact #1 Parent Information

Custodial Parent Yes ____ No ____

Name _____ DOB _____
mother ____ father ____ stepmother ____ stepfather ____ foster placement ____ legal guardian ____

Street Address _____

City _____ Zip Code _____

Phone Numbers

1. Cell* _____ *** this is the first number CHS will use to notify parents of student absence**
2. Work _____
3. Home _____

E-mail address _____

Contact #2 Parent Information

Custodial Parent Yes ____ No ____

Name _____ DOB _____
mother ____ father ____ stepmother ____ stepfather ____ foster placement ____ legal guardian ____

Street Address _____

City _____ Zip Code _____

Phone Numbers

1. Cell _____
2. Work _____
3. Home _____

E-mail address _____

Family Information			
Please list all children in family and school they are attending (if applicable)			
<u>Name</u>	<u>Grade</u>	<u>School</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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STUDENT REGISTRATION INFORMATION

Please complete all the information below:

First Name _____

Middle Name _____ (please provide full middle name)

Last Name _____ Suffix (i.e., Jr. II) _____

Gender Male _____ Female _____

Date of Birth _____

Resident District (For out of district students) _____

Language Spoken by Student _____

Does student have: IEP Y / N 504 Y / N

Please answer both of these questions. We are required by the Federal Government to use the new categories. All states and school districts are required to do the same.

Hispanic or Latino Yes _____ No _____

Race (please check all that apply) African American _____ Asian _____ Caucasian _____

Native American _____ Pacific Islander _____

Home Street Address _____

City/State/Zip _____

Cell Phone # _____ *this is the first number CHS will use to contact parent*

For Office Use

Year of Graduation (YOG) _____ Grade Level _____ Start Date _____

COVENTRY PUBLIC SCHOOLS

HOME LANGUAGE SURVEY

Dear Parent/Guardians:

The Rhode Island Department of Education has instituted a program planned to provide supportive educational assistance to children whose primary language is other than English. To fulfill this requirement, the Coventry Public Schools must initially survey the primary language of all students enrolled in the public schools. To this end we are requesting your cooperation in filling out this form. Please complete the questionnaire (for each child attending Coventry schools). If you have any questions, please contact the school principal. Thank you for your cooperation.

Student's Name _____ School: CHS

Date of Birth _____ Grade _____

Please answer each question by circling the appropriate letter. If you circle "O" for other please specify.

1. What language do you MOST OFTEN use when speaking to your child?
E – English ____ O – Other (please specify) _____
2. What language did your child FIRST learn to speak?
E – English ____ O – Other (please specify) _____
3. What language does your child MOST OFTEN use when speaking to brothers, sisters, and other children?
E – English ____ O – Other (please specify) _____
4. What language does your child MOST OFTEN use when speaking with you or other adults in the home? (Grandparents, aunts, uncles, guests)
E – English ____ O – Other (please specify) _____
5. What language does your child MOST OFTEN use when speaking with friends or neighbors, OUTSIDE the home?
E – English ____ O – Other (please specify) _____

Signature of Parent/Guardian

Date