



# WILLIAM M. DAVIES, JR. CAREER AND TECHNICAL H. S.

50 Jenckes Hill Road ▪ Lincoln ▪ Rhode Island ▪ 02865 ▪ 401-728-1500

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## PROVISIONAL ACCEPTANCE AGREEMENT

In order to be considered for admission into Davies for 9<sup>th</sup> or 10<sup>th</sup> Grade, you must:

- Have already taken the Stanford 10 Diagnostic Test at Davies in **November/December/January**.
- Complete and mail (or hand-deliver) this provisional acceptance agreement by **February 15<sup>th</sup>** to:

Guidance Department  
William M. Davies, Jr. Career and Technical High School  
50 Jenckes Hill Road  
Lincoln, Rhode Island 02865

### PLEASE FILL IN:

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

CURRENT SCHOOL NAME: \_\_\_\_\_

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

*(For Office Use Only)*

APPLICATION RECEIVED:

*The William M. Davies, Jr. Career and Technical High School does not discriminate on the basis of age, sex, race, religion, national origin, color, gender identity, sexual orientation, or disability. Any inquiries regarding non-discrimination issues should be forwarded to Joanne Andrews, Human Resources Coordinator, at 50 Jenckes Hill Road, Lincoln, RI 02865 or 401-728-1500, ext. 317, or [jandrews@daviestech.org](mailto:jandrews@daviestech.org)*

## CONTACT INFORMATION

You must provide at least two (2) contacts in case of an emergency and one contact cannot be reached. In addition, for the safety of your student, he/she will not be released to anyone who is not on your student's contact list or who does not show a form of identification.

The student must reside with Contact 1 and Contact 1's address is where all information regarding your student and school notifications will be mailed unless you indicate that Contact 2 is to be put on the mailing list.

Please print clearly

PARENT/GUARDIAN NAME:

CONTACT 1 \_\_\_\_\_  
NAME RELATIONSHIP TO STUDENT

RESIDES WITH STUDENT \_\_\_ YES \_\_\_ NO

ADDRESS: \_\_\_\_\_  
# and Street Name Town/City Zip Code

HOME PHONE#: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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CONTACT 2 \_\_\_\_\_  
NAME RELATIONSHIP TO STUDENT

RESIDES WITH STUDENT \_\_\_ YES \_\_\_ NO *(If 'NO' then provide address)*

ADDRESS: \_\_\_\_\_  
# and Street Name Town/City Zip Code

HOME PHONE#: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PUT ON MAILING LIST \_\_\_ YES \_\_\_ NO

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ADDITIONAL CONTACT

CONTACT 3 \_\_\_\_\_  
NAME RELATIONSHIP TO STUDENT

RESIDES WITH STUDENT \_\_\_ YES \_\_\_ NO

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

**LANGUAGE**

What language is spoken the most by the parents/guardians or other persons living in the student's home?

- English     Spanish     Portuguese     Other \_\_\_\_\_

What language does the student speak the most at home?

- English     Spanish     Portuguese     Other \_\_\_\_\_

**ETHNICITY:**

Is your child Hispanic or Latino?     Yes     No

**RACE:**

What is your child's race (choose one or more)

- American Indian **or** Alaskan Native     Asian  
 Black **or** African American     Native Hawaiian **or** Other Pacific Islander  
 White

**Both**  
Ethnicity  
& Race  
must be  
answered.

**GENDER DETERMINED AT BIRTH:**     Male     Female

**STUDENT'S:**

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

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**RELEASE OF RECORDS**

I approve this application and agree to encourage punctuality and regular attendance. I hereby give permission for the \_\_\_\_\_ School to release the school records of

*Name of Student's Current School*

\_\_\_\_\_ to the William M. Davies, Jr. Career and Technical H. S.

*Student's Name*

for the purpose of application/admission/placement at that school. Such records include, but not limited to, course grades, standardized test results, Individualized Learning Plans (IEP's), attendance records, school health record, record of extracurricular activities, conduct reports, and evaluation reports such as psychological/educational evaluations.

## **ADDITIONAL INFORMATION**

### **FOREIGN LANGUAGE CLASSES**

If formally accepted to Davies, your student may be enrolled in a foreign language class. Please check off which foreign language class your student would prefer to take:

SPANISH       PORTUGUESE

### **AGREEMENT AND SIGNATURE:**

I \_\_\_\_\_, confirm that all information presented on this  
*Parent/Guardian's Name*  
form is accurate. Further, I agree to submit the following to Davies by the established due dates so that my child may be considered for final acceptance to Davies.

1. This completed and signed application form \_\_\_\_\_ → **February 15<sup>th</sup>**
2. A copy of my child's most recent RICAS scores \_\_\_\_\_ → **February 15<sup>th</sup>**
3. A copy of my child's 3<sup>rd</sup> Quarter report card —indicating passing grades in all core classes (English, Math Science, Social Studies) \_\_\_\_\_ → **April 15<sup>th</sup>**
4. Proof of residency, a State of Rhode Island requirement (*utility bill, insurance documents, government correspondence, pay stub*) \_\_\_\_\_ → **April 15<sup>th</sup>**

\_\_\_\_\_  
**Signature of Parent Guardian**

\_\_\_\_\_  
**Date**