



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

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

## ENROLLMENT ACCEPTANCE AGREEMENT

In order to secure your enrollment at Davies for 9<sup>th</sup> or 10<sup>th</sup> Grade, you **must:**

Have already taken the High School Placement Test at Davies in **November/December**

Complete and mail (or hand-deliver) this acceptance agreement along with the most recent State Assessment Scores by **February 16th** to:

School Counseling Department  
William M. Davies, Jr. Career and Technical H. S.  
50 Jenckes Hill Rd.  
Lincoln, RI 02865

\*\*\* **Acceptance will be rescinded if** student's passing 4<sup>th</sup> quarter report card has not been received by July 8th.

**PLEASE FILL IN** *(Please use a pen):*

STUDENT NAME: \_\_\_\_\_  
First Name Middle Initial Last Name

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

GENDER ASSIGNED AT BIRTH: Male  Female

DATE OF BIRTH: \_\_\_\_\_

*(For Office Use Only)*

SASID#

Davies ID#

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.*

## CONTACT INFORMATION

You must provide at least two (2) contacts in case of an emergency. 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. (P. O. Boxes are not accepted as Address 1.)

Please print clearly

PARENT/GUARDIAN NAME:

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

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

CELL PHONE#: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_  
(if different from 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

CELL PHONE#: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_  
(if different from CELL PHONE #)

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

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ADDITIONAL CONTACT

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

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

CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_  
(if different from CELL PHONE #)



**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
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Asian (*please select origin*)
  - \_\_\_ Bruneian
  - \_\_\_ Burmese
  - \_\_\_ Cambodian
  - \_\_\_ Filipino
  - \_\_\_ Hmong
  - \_\_\_ Indonesian
  - \_\_\_ Laotian
  - \_\_\_ Malaysian
  - \_\_\_ Thai
  - \_\_\_ Timoran
  - \_\_\_ Singaporean
  - \_\_\_ Vietnamese

**ADDITIONAL INFORMATION**

**WORLD LANGUAGE CLASSES**

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

- SPANISH
- PORTUGUESE

**ACTIVE DUTY**

Is one or both of the parents of this student a member of the Armed Forces on active duty, which includes a parent on full-time National Guard duty?

- YES
- NO

**LANGUAGE**

See next page.....



Angélica Infante-Green  
Commissioner

State of Rhode Island and Providence Plantations  
**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  
 Shepard Building  
 255 Westminster Street  
 Providence, Rhode Island 02903-3400

## Home Language Survey (HLS)

*To be completed by Parent or Guardian*

Dear Parent or Guardian,

The information requested on this form is necessary for the most appropriate school placement of your child, and will not be used for any other purposes<sup>1</sup>.

Thank you for your collaboration.

<b>Student Name:</b>		
First	Middle	Last
<b>Date of Birth:</b>		<b>Place of Birth<sup>2</sup>:</b>
Month	Day	Year
Parent or Guardian Relationship to student:		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
<b>Home Language Code:</b>		

<b>Language Background</b>	
<i>(Please check all that apply)</i>	
1. What is the primary language used in the home, regardless of the language spoken by the student?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>Specify</i></div>
2. What is the language most often spoken by the student?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>Specify</i></div>
3. What is the language that the student first acquired?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>Specify</i></div>
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>Specify</i></div>
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not speak <div style="text-align: right;"><i>Specify</i></div>
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read <div style="text-align: right;"><i>Specify</i></div>
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write <div style="text-align: right;"><i>Specify</i></div>
8. Indicate date first enrolled in ANY U.S. school:	
mm/dd/yyyy	

The R.I. Board of Education does not discriminate on the basis of age, sex, sexual orientation, gender identity/expression, race, color, religion, national origin, or disability.

**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), 504's, individual health plans, attendance records, school's health record, record of extracurricular activities, conduct reports, and evaluation reports such as psychological/educational evaluations.

**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 documents to Davies by the established due dates. **Students who fail to comply with any of the below due dates will be removed from the enrollment/have their Official Acceptance rescinded.**

DUE DATE	REQUIRED DOCUMENTS
February 16th	<input type="checkbox"/> Completed and signed application form (enclosed) <input type="checkbox"/> Copy of most recent state assessment scores
April 29th	<input type="checkbox"/> Copy of 3 <sup>rd</sup> quarter report card for current school year Note: Accepted students who are in danger of failing core classes (D or lower in English, Math, Science, and/or Social Studies) will be placed on a watch list. These students will be notified of the need for credit recovery, and of the risk having their acceptance rescinded.
July 8th	<input type="checkbox"/> Copy of final report card Note: Final report card must indicate passing grades in all core classes (English, Math, Science Social Studies). The sending school will not automatically send a report card to Davies. If the final report card is not received by the due date, the admission offer will be rescinded. <input type="checkbox"/> Acceptable proof of residency (a State of Rhode Island requirement): <ul style="list-style-type: none"> <li><input type="checkbox"/> utility bill,</li> <li><input type="checkbox"/> insurance documents,</li> <li><input type="checkbox"/> government correspondence -or-</li> <li><input type="checkbox"/> pay stub</li> </ul> Note: Davies cannot accept lease agreements as proof of residency.
August 5th	<input type="checkbox"/> Revised transcript or report card Note: This requirement is <i>only</i> for students requiring credit recovery approved by Davies

**\*\*\*I understand that by signing this agreement and failure to submit the required documentation by the above deadlines will result in your child's Official Acceptance being rescinded.\*\*\***

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

\_\_\_\_\_  
 Date