



## ***Official Change of Address Form***

Dear Parent(s)/ Guardian(s) of: \_\_\_\_\_

**All forms must be update with complete new address information and returned immediately.**

- Local School District
- Student Emergency
- Universal Permission Form

**Provide a copy of proof of residency (utility or mortgage/rent statement). Account Info can be REMOVE for privacy) address must match student address.**

**Please call if you have questions 831-2878 ext. 114 if you have questions.**

**Regards,**

*Ms. Baker*

**Rochelle Baker, M.Ed., MSW**

**Executive Director**



**135 Weybosset Street  
Providence, Rhode Island 02903  
(401) 831-2878 Fax (401) 633-6199**

Dear **Local School or School District:**

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, zip: \_\_\_\_\_

Please be advised that the above named student will be attending Village Green Virtual Charter School for the **2021-2022** school year. It would be most appreciated if you would exit/withdraw the student state assigned student ID (**SASID**) number: \_\_\_\_\_. VGV will send Record Release requesting official school records (**transcripts, standardized test, and health/immunization and if applicable IEP, 504 and or ELL plans**) or you can forward copies to:

**Ms. Rochelle Baker, M.Ed., MSW  
Executive Director  
Village Green Charter School  
135 Weybosset Street  
Providence, RI 02903**

If you have any questions, please do not hesitate to contact me, (401) 831-2878 ext. 402 or [rbaker@vgcs.org](mailto:rbaker@vgcs.org)  
Sincerely,

*Rochelle Baker*

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



SASID \_\_\_\_\_ LASID \_\_\_\_\_

# Student Emergency Form

It is extremely important that the school be able to contact families in the event of an emergency. Please fill out this form completely and return it to VGV.

Student name: _____ Date of Birth: ____/____/____ (Print name)	
Grade: _____	Learning Center: _____
Home Address: _____	Home Phone: _____
City: _____ Zip: _____	Email: _____
Mother /Guardian: _____ (print name)	Father/Guardian: _____ (print name)
Cell I #: _____	Cell #: _____
Work #: _____	Work #: _____
Email: _____	Email: _____
Does your child have siblings or cousin attending the same school?	
Name: _____	Grade: _____ Relationship: _____
Name: _____	Grade: _____ Relationship: _____
Last school attended: _____	
Who regularly picks ups you're your child AFTER SCHOOL? <ul style="list-style-type: none"><li><input type="radio"/> Parent/Guardian</li><li><input type="radio"/> Bus/RIPTA</li><li><input type="radio"/> Child Care/After School</li><li><input type="radio"/> Other Child Care provider</li><li><input type="radio"/> Name: _____</li><li><input type="radio"/> Emergency #: _____</li></ul>	Please Mark if any of these conditions apply to your child: <ul style="list-style-type: none"><li><input type="radio"/> Asthma</li><li><input type="radio"/> Diabetes</li><li><input type="radio"/> Food Allergy</li><li><input type="radio"/> Glasses</li><li><input type="radio"/> Hearing Difficulties</li><li><input type="radio"/> Seizures</li><li><input type="radio"/> Special Population (IEP or 504): _____</li><li><input type="radio"/> ESL/EL Services Yes _____ No _____</li></ul>
Do you have a NO CONTACT order against any person(s) in regards to your child? Yes ___ No ___ If mark yes, please list the person(s) name(s) _____ _____	
*A copy of a valid Non- Contact Order must be filed in the Main Office.	
The person(s) listed below are allowed to pick up your child. They must have a picture ID.	
1. _____	Phone: _____
2. _____	Phone: _____
3. _____	Phone: _____
Parent Armed Forces Active Duty: YES _____ NO _____	
Parent Signature: _____	Date: _____
Parent Signature: _____	Date: _____



## Universal Permission Slip

**PLEASE PRINT CLEARLY**

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

Street Address \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Permission Granted:** Yes \_\_\_\_\_ No \_\_\_\_\_ Student: Male \_\_\_\_\_ Female \_\_\_\_\_

Special Health Problems (Asthma, Allergies, or Recent Injuries):

Emergency Contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Contact Home Telephone Number (\_\_\_\_) \_\_\_\_\_ Contact Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Contact Number (\_\_\_\_) \_\_\_\_\_ Fathers Contact Number (\_\_\_\_) \_\_\_\_\_

**Health Insurance:** Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I hereby authorize my son/daughter to participate in the Village Green Virtual Charter School Activity/Field Trip located outside of the school premises. In giving this authorization, I agree that I will not bring suit against Village Green including any of its teachers, employees or agents, or the sponsoring agency, for personal injury incurred by my son's/daughter's participation in the Village Green Activity/Field Trip located outside of the school premise.

In the event of sudden serious injury or illness to my son/daughter while he/she is participating in the Village Green Activity/Field Trip located outside of school premises, I express my consent for the administration of emergency medical care, including anesthesia, if such action is desirable in the opinion of the attending medical personnel. I shall be responsible for all medical fees and other charges. I understand that the leaders will make a responsible effort to contact me, should a sudden injury or illness occur.

In signing form, I certify my child is covered by health and accident insurance or Medicaid, and that I am obligated to provide the Village Green Virtual Charter School with the insurance carrier and policy number. I understand I shall be responsible for all medical fees and related charges whether I am insured or uninsured.

**THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN!**

**Parent Signature:** \_\_\_\_\_

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

Completion of this form implies for the applicant's commitment to the following non-negotiable guidelines:

1. Possession and/or consumption of alcohol or illegal drugs are prohibited and no weapons allowed.
2. All participants are expected to participate in all aspects of the day.
3. No stealing or shoplifting. The person responsible will be prosecuted.

**Signature of Parent:** \_\_\_\_\_

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