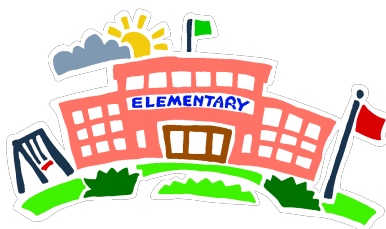


JOHNSTON PUBLIC SCHOOLS

10 Memorial Avenue
Johnston, RI 02919-3222
(401) 233-1900



Elementary

Student-Parent/Guardian Handbook

2018-2019

JOHNSTON SCHOOL COMMITTEE

Janice D. Mele
Gena Bianco-Robbins
Lauren Garzone
Robert A. LaFazia
Joseph W. Rotella

The Johnston Public School System is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, disability, age, marital/parental status, political affiliation, or sexual orientation of an individual.

Adopted: Johnston School Committee 2005
Revised: August 2015

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VIII. Appropriate Clothing for School

POLICIES

- Tobacco-Free School Policy
- Zero Tolerance for Weapons and Violence Policy
- Cell Phone and Paging Devices Policy
- Internet Policy
- Volunteers in School Policy

HANDBOOK AFFIRMATION PAGES

FORMS TO SIGN AND RETURN TO SCHOOL

- Affirmation Page (Must be signed and returned)
- News/Media Contact (Must be signed and returned).....
- Internet Policy Page (Must be signed and returned)
- Volunteer Disclosure Statement (BCI Check)
- (Filled out, signed, copy of driver's license, and
cash or check made out to:)
- Affidavit Affirming Residency (Must be signed and notarized).....

CONTACT INFORMATION

JOHNSTON PUBLIC SCHOOLS

10 Memorial Avenue
Johnston, Rhode Island 02919-3222
Tel: (401) 233-1900
Fax: (401) 233-1907

ELEMENTARY SCHOOLS

Early Childhood Center

Principal: Ms. Keri Autiello (401) 233-0054
10 Memorial Avenue (401) 233-0081 - Fax
Johnston, RI 02919
Secretary: Tina Brodeur

Graniteville School/ECC Annex

Principal: Mrs. Maria Petronio-McAfee 6 Collins Avenue
Johnston, RI 02919 (401) 231-8790
Secretary: Christine Andrews (401) 232-2060 - Fax

Sarah Dyer Barnes School

Principal: Ms. Jill Souza (401) 231-8710
24 Barnes Avenue (401) 231-7470 - Fax
Johnston, RI 02919
Secretary: Cheryl Ricci

Brown Avenue School

Principal: Ms. Helina Dlugon (401) 934-0270
14 Brown Avenue (401) 934-2115 - Fax
Johnston, RI 02919
Secretary: Gina Murray

Thornton School

Principal: Mrs. Louise Denham (401) 943-736
4 School Street (401) 943-6940 - Fax
Johnston, RI 02919
Secretary: Cheryl Arnold

Winsor Hill School

Principal: Ms. Michele Zarcaro (401) 831-4619
100 Theresa Street (401) 421-5660 - Fax
Johnston, RI 02919
Secretary: Donna Pingitore

Print Center

10 Memorial Ave.
(401) 233-1930
Donna Greco (ex.2955)
Nicole Disano (ex.2495)

REQUIREMENT

Volunteers shall be required to complete an Information and Disclosure Statement.

Volunteers may be required to participate in an orientation and/or training established by the Johnston Public Schools.

AGE REQUIREMENT

Volunteers must be a minimum of 18 years of age.

ASSIGNMENT

Volunteers will not be guaranteed they will be in a specific classroom as may be requested.

CONFIDENTIALITY

Volunteers must adhere to the confidentiality of what is observed and not shared outside the classroom.

Volunteers shall not have access to confidential information/files/records.

SAFETY AND SECURITY

Upon initial application, all volunteers shall be required to obtain a local (Rhode Island) BCI and National *fingerprint* BCI.

Each subsequent year Rhode Island residents who volunteer shall only be required to obtain a local (Rhode Island) BCI that will remain current commencing from the time that person applies for volunteering until the first day of the next school as determined by the school calendar.

Applicant may obtain a local BCI from Police Department of the City/Town in which he/she resides.

The cost of the local background check, if any, is to be the responsibility of the applicant.

Volunteers who reside outside the state of Rhode Island shall be required to obtain an annual National *fingerprint* BCI.

Volunteers shall not escort or be with children without a classroom teacher present.

Volunteers must provide identification and sign in/out at the school's main office.

Volunteers shall wear the "Visitor" badge or other means of identification as may be required

HEALTH

Volunteers **may** be required to provide verification that they have and passed a Mantoux (TB) skin test. This judgment shall be made by the Health Services Coordinator of the school department based upon the rate of incidence in the community.

VOLUNTEER LIABILITY AND INDEMNIFICATION

The Johnston Public Schools shall not be held liable for any volunteer for claims or demands whether groundless or otherwise, arising out of an alleged act or omission occurring within the scope of the act of volunteer service.

EXCLUSION

This Policy may not apply to guest speakers, performers, student mentors who are enrolled in the Johnston Public Schools, college student observers, truancy court personnel, newspaper reporters, vendors for school related items such as rings, yearbooks, delivery vendors, and the like.

RECORDS RETENTION

The building level Principal shall maintain an accurate file of signed Volunteer Disclosure Statements, criminal background checks and verifications of health information as required by Policy.

PLEASE NOTE: All background checks must be submitted *prior to November 1st of EACH school year*. For new registrations (taken after November 1st), background checks may be submitted at the time of student registration.

SCHOOLS: FORWARD THIS FORM ALONG WITH THE CRIMINAL IDENTIFICATION WAIVER AUTHORIZATION to Brenda-Lee Troia in the Superintendent's Office.

After the background check is processed by the Johnston Police Department, it will be returned by Brenda-Lee to the requesting school.

CRIMINAL IDENTIFICATION RECORDS POLICY
Policy Number 4112.1A (Adopted December 14, 1992)

Any and all persons hereinafter seeking VOLUNTEERING with the Johnston Public Schools shall include with his/her application, a NCIC criminal identification report with the Division of Criminal Identification, Department of Attorney General, State of Rhode Island, or in the alternate, a duly executed Waiver authorizing the Johnston Public Schools to obtain such a report on his/her behalf.

1. Any applicant who refuses to comply with this Policy shall be ineligible for VOLUNTEERING by the Johnston Public Schools.
2. Any information so obtained shall not be given to any other person, firm or corporation without first obtaining the applicant's written consent; provided, however, that such consent may be withdrawn at any time, in writing, by the applicant.
3. Any information so obtained shall be marked "CONFIDENTIAL" and may not be used for any purpose other than the application for VOLUNTEERING or any manner in connection with the denial thereof.
4. No applicant possessing a criminal record which bears directly or indirectly upon performance of the VOLUNTEERING duties shall be allowed to volunteer, at the sole and absolute discretion of the School Department, whose determination shall be final and binding.
5. A copy of this Policy shall be shown to each applicant at the time application for VOLUNTEERING made.
6. The Waiver Authorization required by this Policy shall be in the form annexed hereto, or as amended from time to time.

CRIMINAL IDENTIFICATION WAIVER AUTHORIZATION

I AM INTERESTED IN VOLUNTEERING IN THE JOHNSTON PUBLIC SCHOOLS.

This Waiver Authorization expressly authorizes the Division of Criminal Identification, Department of Attorney General, State of Rhode Island, to furnish the Johnston Public Schools, any and all criminal information it may have concerning me. The release of the requested information is necessary for the purpose of VOLUNTEERING. The authorized information is not to be given to any other person, firm or corporation not specified herein without first obtaining the undersigned's additional written consent. The undersigned may withdraw this consent at any future time, in writing.

Print Full Name _____
Maiden Name

Signature

Address City/Town State

Zip Code _____

Date of Birth _____ Place of Birth _____

Social Security Number _____

Witness _____ Date _____

THE INFORMATION OF THE BACKGROUND CHECK IS TO BE FORWARDED TO THE SCHOOLS LISTED:

School Name Address

School Name Address

School Name Address

AFFIDAVIT AFFIRMING RESIDENCY

POLICY AVAILABLE ONLINE:

(Please complete #1 and #2 below)

1. _____ I am the owner of the residential property at: _____
*(*copy of Johnston property tax bill attached)*

The following names persons re residing with me.

NAME & RELATIONSHIP: _____

along with the following child(ren) of whom they are either the natural parents, legal guardians, or, if neither, have documented physical custody. *(*copy of legal document attached)*

NAME(S), INCLUDING RELATIONSHIP AND DATE OF BIRTH:

2. _____ I own the residential property at: _____

and rent/lease to: _____
*(*copy of Johnston property tax bill attached and rent receipt/lease agreement attached)*

along with the following child(ren) of whom they are either the natural parents, legal guardians, or, if neither, have documented physical custody. *(*copy of legal document attached)*

NAME(S), INCLUDING RELATIONSHIP AND DATE OF BIRTH:

Affirmation of Residency (continued page 2)

All parties attest that the residence of these children has not been established solely for the purpose of making them eligible for attendance in Johnston Public Schools.

We acknowledge that if we submit a false affidavit for the purpose of these children to attend Johnston Public Schools, it will result in appropriate civil and/or criminal proceedings seeking money damages and other such penalties as prescribed by law.

SIGNATURE OF PROPERTY OWNER(S)
TELEPHONE NUMBER

SIGNATURE OF PARENT/GUARDIAN OF ABOVE-NAMED CHILD(REN)
TELEPHONE NUMBER

Subscribed and sworn to before me this _____ day of _____ in the year 20_____.

Notary Public
My Commission Expires: _____

***ADOPTED: Johnston School Committee
August 12, 2008***