

Lincoln Public Schools
135 Old River Road, PO Box 367
Lincoln, RI 02865

Student Name: _____

Affidavit of Residency by Parent/Guardian

_____ appeared before me on the _____ day of _____, 20____ and after

Print Parent/Guardian Name

first being placed under oath, did depose, swear and affirm to the following facts:

1. I am the natural or adoptive parent or guardian of _____ whom I have physical custody and possession.
2. I currently reside at _____, which is located in the Town of Lincoln, Rhode Island.
3. _____ actually resides and lives with me at said address.
4. I acknowledge that an attendance officer or School Department designee may visit for the purpose of verifying such residence.
5. I acknowledge that this Affidavit is being submitted under oath to the Lincoln School Department for the purpose of determining whether _____ is eligible to attend school in the Lincoln School system.
6. In support of this Affidavit, I have attached certain exhibits which are true, accurate and correct.
7. All the information contained herein is true and accurate.

Parent/Guardian Signature

State of Rhode Island
County of Providence

OATH NOTARY

In _____, on this _____ day of _____, 20____, before me
(City/Town)
personally appeared _____ and after reading the above Affidavit and
(Name of Parent/Guardian)
after first being placed under oath, did swear to the truth and accuracy of said Affidavit.

Signature of Notary Public

Notary Commission Expires

NOTICE: If you provide false information under oath you will be referred for prosecution for perjury. A person who is found guilty of perjury may receive up to twenty years in jail.

If you provide false information, the school district will commence in appropriate legal action to collect the value of educational services the student received. Such collection efforts will include attachment and levy of real estate, wages and personal property.

**Lincoln Public Schools
135 Old River Road, PO Box 367
Lincoln, RI 02865**

Affidavit of Residency by Landlord/Shared Tenancies/Owner

My name is _____ and I hereby depose and certify as follows:
(Landlord/Owner/Management Company of Residence)

Please complete all three items and sign below:

1. I am the owner/landlord/management company of property located at _____
(Address where parent lives)
2. _____, who is the parent or legal guardian of _____, leases
(Parent/Guardian or Student over 18) (Student Name)
property as their primary residence from me, in a tenancy at will, from month to month.
- 3 I hereby state that the party named above resides with me and/or at the address above.

Signed under the pains and penalties of perjury this _____ day of _____, 20____.

Landlord/owner/management company signature: _____

Print Name: _____

Print Address: _____

Telephone Number: _____

As the applicant submitting this Residency/Landlord Affidavit, I swear, under pains and penalties of perjury, that the information above is accurate and understand that the information contained in this legal affidavit is subject to verification by a residency investigator.

State of Rhode Island
County of Providence

OATH NOTARY

In _____, on this _____ day of _____, 20____, before me personally appeared
(City/Town)
_____ and after reading the above Affidavit and after first being placed under oath, did
(Homeowner's Name)
swear to the truth and accuracy of said Affidavit.

Signature of Notary Public

Notary Commission Expires

NOTICE: If you provide false information under oath you will be referred for prosecution for perjury. A person who is found guilty of perjury may receive up to twenty years in jail.

If you provide false information, the school district will commence in appropriate legal action to collect the value of educational services the student received. Such collection efforts will include attachment and levy of real estate, wages and personal property.



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

Angélica Infante-
 Green Commissioner

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 purposes¹.

Thank you for your collaboration.

Student Name:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of Birth:		Place of Birth²:
<i>Month</i>	<i>Day</i>	<i>Year</i>
<i>Parent or Guardian Relationship to student:</i>		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
Home Language Code:		

Language Background <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	<input style="width: 100%;" type="text"/> <i>Specify</i>	
2. What is the language most often spoken by the student?	<input type="checkbox"/> English <input type="checkbox"/> Other	<input style="width: 100%;" type="text"/> <i>Specify</i>	
3. What is the language that the student first acquired?	<input type="checkbox"/> English <input type="checkbox"/> Other	<input style="width: 100%;" type="text"/> <i>Specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other	<input style="width: 100%;" type="text"/> <i>Specify</i>	
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other	<input style="width: 100%;" type="text"/> <i>Specify</i>	<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other	<input style="width: 100%;" type="text"/> <i>Specify</i>	<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other	<input style="width: 100%;" type="text"/> <i>Specify</i>	<input type="checkbox"/> Does not write

¹ Required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f))

² Families are not required to provide the place of birth, but providing the information can help LEAs to better prepare to be culturally responsive. Last Updated: 4/30/2020

Family Interview – Educational History

1. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure

*If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

2a. Has your child ever been referred for a special education evaluation in the past? No Yes*

If referred for an evaluation, has your child been identified? No Yes

*If referred for an evaluation, and identified has your child ever received any special education services in the past? _____

No Yes – Type of services received: _____

2b. Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

2c. Does your child have an Individualized Education Program (IEP), or 504 plan? No Yes

3. In which language do you prefer to receive oral communications from the school or district?

English Other

Specify

4. In which language do you prefer to receive written communications from the school or district?

English Other

Specify

5. Indicate date first enrolled in ANY U.S. school _____

(mm/dd/yyyy)

Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

Month: Day: Year:

Signature of Parent or Guardian

Print Parent/Guardian Name

Date

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS

Name: _____

Position: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW

Name: _____

Position: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____

Oral Interview Necessary: YES NO

Date of Individual Interview: _____
Month Day Year

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING THE LANGUAGE SCREENING ASSESSMENT

Name: _____

Position: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____

NAME/POSITION OF QUALIFIED PERSONNEL REPORTING THE LANGUAGE SCREENING SCORES

Name: _____

Position: _____

Date of Screener: _____
Month Day Year

Name of the Language Screening Assessment: _____

Score achieved: _____

Proficiency Level Achieved: Entering 1 / Beginning 2 / Developing 3 / Expanding 4 / Bridging 5 / Reaching 6

FOR STUDENTS WITH AN IEP OR 504 PLAN, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED:

Lincoln Public Schools Permission to Obtain Records

Please release the following student's records to the Lincoln Public Schools:

Student's Name: DOB:

Parent's Name:

Student Address: Phone #:

School District Student is transferring from:

School Name:

School Address:

Grade: School Phone #: School FAX #:

All of the following or specific evaluations
 Reciprocal Communication Neurological Evaluation
 Clinical Psychological Evaluation Team Report
 Educational Evaluation Medical History from Doctor
 Classroom Observation Psychiatric Evaluation
 Hearing and Vision Test/Screening Psychological Evaluation
 IEP Report Card/Transcript
 Immunization Record Social History
 Language Proficiency Test Therapy Evals. OT__ PT __ S/L __ APE __
 LD Documentation Teacher Questionnaire
 Other

Reason for Request: Student Transferring to the Lincoln Public Schools, Lincoln, RI

Information released with this authorization will not be given, transferred, or in any way relayed to any other person(s) not specified above without additional authorization. This authorization expires and may be withdrawn at any time.

Signature: _____ Date:

(Circle one: parent /guardian /educational advocate)

Circle school you would like records sent to:

Central Elem. School 1081 Great Road Lincoln, RI 02865 Fax: 401-334-4294 Tel: 401-334-2800	Lonsdale Elem. School 270 River Road Lincoln, RI 02865 Fax: 401-722-0920 Tel: 401-725-4200	Northern Elem. School 315 New River Road Manville, RI 02838 Fax: 401-765-0530 Tel: 401-769-0261	Saylesville Elem. School 50 Woodland Street Lincoln, RI 02865 Fax: 401-722-1090 Tel: 401-723-5240
--	--	---	---

Release Special Education:
 Lincoln Public Schools
 Administrative Offices
 Attn: Student Services
 PO Box 367
 135 Old River Road
 Lincoln, RI 02865
 FAX: 401-726-1813

Lincoln Middle School
 Attn: Guidance Office
 152 Jenckes Hill Road
 Lincoln, RI 02865
 FAX: 401-721-3429

Lincoln High School
 Attn: Guidance Office
 135 Old River Road
 Lincoln, RI 02865
 FAX: 401-334-8753

Student's Name: _____ DOB: _____ Grade: _____

STUDENT HEALTH SECTION

Physician's Name _____ Phone Number _____

IF YOU ANSWER YES TO ANY QUESTION, PLEASE EXPLAIN

1. Has your child ever had any operations or serious illnesses? Yes No
 If yes, please explain: _____

2. Has your child had any serious accidents? Yes No
 If yes, please explain: _____

3. Does your child wear eyeglasses, contacts, braces, hearing aids, or any other corrective devise? Yes No
 If yes, please explain: _____

4. Has your child had the following (Give month, year and/or age if known):

Chicken Pox	Yes	No	Heart Condition	Yes	No
Pneumonia	Yes	No	Diabetes	Yes	No
Nosebleeds	Yes	No	Seizures	Yes	No
Frequent sore throats	Yes	No	High Fevers	Yes	No
Ear Infections	Yes	No	Migraines	Yes	No
Eye Condition	Yes	No	Other (Please specify)	Yes	No

5. Has your child been screened by a Speech/Language Therapist? Yes No
 If yes, where? _____

6. Has your child had a neurological evaluation? Yes No
 If yes, when? _____

7. Has your child had a psychological evaluation? Yes No
 If yes, when? _____

8. Is your child restricted from physical activities? Yes No
 If yes, please explain: _____

9. Is your child allergic to: medicines/drugs? Yes No

If yes, please specify:

Is your child allergic to: plants/foods? Yes No

If yes, please specify:

Is your child allergic to: insect stings? Yes No

If yes, please specify:

10. If you answered yes to question #9, does your child take medication for this allergy? Yes No

If yes, please specify (i.e. Benadryl, Epi-Pen, etc.):

11. Does your child have asthma? Yes No

If yes, what was the date diagnosed?

If yes, what medication(s) does he/she take?

12. Does your child take any daily medications? Yes No

If yes, please specify:

13. Will medication be given at school? Yes No

If yes, please specify:

14. What medications are given frequently, but not daily?

15. Would you like a conference with the school nurse? Yes No

Parent Name (Please Print):

PARENT SIGNATURE: _____ **DATE:**



BUS TRANSPORTATION STUDENT DATA FORM

The information requested below will be used to update and or assign students in the Versa-Trans computerized routing system. This system enables us to provide you with timely and accurate information. Please fill out this form if bus transportation is requested.

(School secretary: please email this form immediately upon completion to First Student)

DATE:

PLEASE CIRCLE ONE: NEW STUDENT CHANGE DELETION

STUDENT ID:

LAST NAME:

FIRST NAME:

ADDRESS:

PARENT/GUARDIAN:

TELEPHONE #: ALTERNATE #:

SCHOOL: GRADE:

For First Student Bus Co. use only

BUS IN: _____ STOP: _____ TIME: _____
BUS OUT: _____ STOP: _____ TIME: _____

Food Allergy Form

Lincoln Public Schools

Chartwells Food Service

chartwells
serving up happy & healthy

Dear Parents,

In an effort to keep all students with allergies safe as possible while in school, the Lincoln School Department will be following the Chartwells Food Allergy program as part of the USDA protocol. (see below)

The United States Department of Agriculture (USDA) mandates that school meal programs must accommodate all students with disabilities, which includes food allergies and medical conditions. To keep our students safe, Chartwells follows a comprehensive food allergy and medical conditions protocol. In order to follow the USDA's guidance and accommodate all students in the meal program, we need information for students with documents food allergies and medical conditions to ensure that we are providing a safe and nutritious meal.

Any students with a documented allergy will have their name and allergy information given to Chartwells; this information will be added to their computer program on a yearly basis. When your child swipes their card or enters their ID number, an alert will show on the computer with the allergen. This is one extra step to prevent a severe life-threatening allergic reaction in school.

If your child does not have an allergy, please disregard this notice. No further action is required.

If you have any questions please contact Mariah Perez, Director of Dining Services, at 401 334 7532. Mail: Lincoln Public Schools, ATTN Chartwells K12, 135 Old River Rd. Lincoln, RI 02865
Email: mariah.perez@compass-usa.com

Your Child's Name: _____ School: _____ Grade: _____

Choose one from the checklist below:

Yes. Please include my child's food allergy information to Chartwells Allergy Protection Program.

Yes. My child has a Gluten Intolerance/Celiac Disease. **Please submit a signed doctors note yearly for this allergy.**

Food Allergy: _____

Treatment: _____

Parent/Guardian Signature: _____

Please print Parent/Guardian Name: _____

If you DO NOT want your child in this program for allergies, please sign and date this form and return to your child's school principal.

Parent/Guardian Signature: _____ Date: _____

Please print Parent/Guardian name: _____

Please return this form at your earliest convenience. Thank you.

LINCOLN HIGH SCHOOL

Nurse's Office

Telephone (401)334-7500 ext. 1131 Fax (401)334-8753

Physical Examination Requirements for Children Entering Lincoln High School

In accordance with the Rhode Island Department of Health Rules and Regulations is as follows:

Every student who has not been previously enrolled in a public or non-public school in this state shall have a medical history and physical examination completed. This examination shall be conducted in the twelve (12) months preceding the date of school entry, but if not, it shall be completed within six (6) months of school entry.

A second general health examination and health clearance will be required upon entry to the seventh (7th) grade. This general health examination may be performed during the sixth (6th) grade, but no later than six (6) months after entry into the seventh (7th) grade.

Effective August 1, 2015, a third general health examination and health clearance will be required upon entry to the twelfth (12th) grade. This general health examination shall be performed after the student turns sixteen (16) years of age, and no later than six (6) months after the student enters the twelfth (12th) grade.

Said general health examinations shall be a complete, age-appropriate history and physical examination, assessing the health and well-being of the child and evaluating any challenges to the child's success in school and school-related activities.

These general health examinations shall be conducted by the student's family physician, a physician's assistant under the physician's supervision, or a certified registered nurse practitioner. If there is no evidence that the appropriate general health examination has been performed, the school system shall make provisions for said examination by the end of the school year in which it is required.

Each school system may require additional health examinations, in order to ensure the mental and physical health of each child to participate in classroom, athletic, or special activities sponsored or conducted by the school.

Student-Athletes

The Lincoln School Department policy requires student-athletes to have a physical examination prior to participation in athletic competition. This examination is valid for one (1) year and must be performed by the student-athlete's primary care provider.

Please have your primary care provider complete the physical form and return the Original copy to the school nurse/teacher.

Immunization Requirements for All Children Entering High School

In accordance with the Rhode Island Department of Health *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM)*, all children entering the 9th grade are required to have the following immunizations:

- Booster dose of Tdap (tetanus, diphtheria, pertussis) vaccine, if it has been 5 years or more since the last dose of diphtheria-tetanus containing vaccine
- Four (4) doses of Polio vaccine
- Two (2) doses of MMR vaccine (Measles, Mumps, Rubella)
- Three (3) doses of Hepatitis B vaccine
- Two (2) doses of Varicella (chickenpox) vaccine received or a statement signed by your child's doctor stating that your child has a history of chickenpox disease
- One (1) dose of Meningococcal conjugate (Meningitis-MCV4) vaccine
- ****All students entering 12th grade, will be required to have a booster dose of MENINGOCOCCAL vaccine (MCV4) given on or after their 16th birthday
- ****HPV Vaccine-

Beginning August 1, 2017, all students entering Ninth (9th) grade shall be required to have completed the HPV vaccine series (3 doses)

***Adolescents 14 years old upon entering 9th grade who have already received two doses of HPV vaccine at least 6 months apart, per the recommendation, will not be required to have a third dose

***Adolescents 14 years old upon entering 9th grade who have already received two doses of HPV vaccine given less than 5 months apart, will be required to have a third dose

***Adolescents 15 years old upon entering 9th grade will be required to have three (3) doses

All children entering 7th and 12th grade are required to have a physical exam. This is the perfect opportunity to review your child's immunizations with the doctor to ensure your child is protected from all vaccine-preventable diseases.

This general health examination shall be performed after the student turns sixteen (16) years of age, and no later than six (6) months after the student enters the twelfth (12th) grade.