## **Lincoln Public Schools Registration Checklist**



#### DOCUMENTS/INFORMATION NEEDED FOR REGISTERING A NEW STUDENT IN THE LINCOLN PUBLIC SCHOOLS.

- \_\_\_\_\_ REGISTRATION FORM COMPLETED
- \_\_\_\_\_ COPY OF PARENT PHOTO IDENTIFICATION (I.E., LICENSE/PASSPORT)
- \_\_\_\_\_ COPY OF CHILD'S BIRTH CERTIFICATE/PASSPORT
- PROOF OF RESIDENCY
- \_\_\_\_\_ NOTARIZED AFFIDAVIT FROM PARENT
- \_\_\_\_\_ NOTARIZED AFFIDAVIT FROM LANDLORD (IF APPLICABLE)
- \_\_\_\_\_ HOME LANGUAGE SURVEY (Please make sure the Home Language Survey has ALL DATES filled in)
- \_\_\_\_\_ RECORDS RELEASE
- STATE OF RHODE ISLAND PHYSICAL FORM COMPLETED AND SIGNED BY A PHYSICIAN WITH CURRENT IMMUNIZATIONS
- \_\_\_\_\_ HEALTH QUESTIONNAIRE
- \_\_\_\_\_ STUDENT RECORDS/TRANSCRIPTS/REPORT CARDS
- \_\_\_\_\_ LEGAL GUARDIANSHIP/CAREGIVER AFFIDAVIT DOCUMENTS (IF APPLICABLE)
- \_\_\_\_\_ LEGAL/PHYSICAL CUSTODY ORDERS/SEPARATION AGREEMENT (IF APPLICABLE)
- \_\_\_\_\_\_ SPECIAL EDUCATION: INDIVIDUAL EDUCATION PLAN/TESTING 504 PLAN (IF APPLICABLE) INTERNATIONAL STUDENTS (COPY OF CHILD'S & PARENT'S PASSPORT & ANY VISA J, L, R, G)

### PROOF OF RESIDENCY

\*Documents must include parent/guardian name and address

#### \*Provide one (1) from Column A and two (2) from Column B

#### \*Notarized Affidavit(s) required

Column A – (1)	Co	lumn B – (2)
<sup>LI</sup> Most recent mortgage payment or copy of Mortgage Deed <sup>LI</sup> Copy of Lease <sup>LI</sup> Section 8 Housing Agreement	<pre>~ Last 30 days &amp; current address~ Utility Bill Statement Gas/Oil Electric Cable Utility Bill Statement Gas/Oil Electric Utility Bill Statement Cable Utility Bill Statement Electric Cable Utility Bill Statement Electric Cable Utility Bill Statement Electric Cable Utility Bill Statement Electric Cable Utility Bill Statement Electric Cable Utility Bill Statement Electric Cable Utility Bill Statement Cable Utility Bill Statement Cable Utility Bill Statement Cable Cable Cable Current Vehicle Froperty Tax Bill (past year)</pre>	<ul> <li>└ Vehicle Tax Bill (past year)Fire Tax Bill (past year)</li> <li>└ Bank Statement (last 30 days)</li> <li>└ Payroll Stub (last 30 days)</li> <li>└ Proof of SNAP/SSI (last 30 days)</li> <li>└ W-2/Tax Return (past year)</li> <li>└ Lincoln Voter Registration</li> <li>└ Student Loan</li> <li>└ Credit Card Statement</li> </ul>

Date of Entry: \_\_\_\_\_

## Town of Lincoln Public Schools District Registration

		***Please pri	nt clearly***			
Student's Legal Name:					Suffix:	
	(last)	(first	)	(middle)		r, III, etc.)
Gender: 🗆 Male	Female	Student's Nickname	:	Gra	ade Entering	:
Date of Birth:		Place of B	irth:			
Student's <u>Current</u> Add	dress:					
Does the Student ha	ve an I <u>EP or 504</u>	Plan? 🗆 IEP 🗆 50	4Plan			
Does the student pre	esently receive E	nglish as a second	anguage?			
Race/Ethnicity (Pleas	e answer all):					
New Federal standards	s require that scho	ool districts collect a	nd report informa	ation regarding r	race and ethn	icity.
1. Is your child	Hispanic or Latino	? 🗆 Yes 🛛	] No			
2. What is your	child's race?	□ Alaska / Native □ Black	American	□ Asian □ White	🗆 Pacific I	slander
<b>3.</b> If your child i	s Southeast Asian	, please check their	country of origin	or ethnic group:	:	
🗆 Brur	nei 🛛 🗆 Burma (	Myanmar) 🛛 🗆 Ca	mbodia 🛛 🗆 Ph	ilippines 🛛	Hmong	🗆 Indonesia
🗆 Laos	🗆 Malaysi	a 🗆 Th	ailand 🛛 🗆 Tir	mor-Leste	Singapore	🗆 Vietnam

## Parent/Guardian Information:

Family 1 Contact Information	Parent / C	Guardian 1	Parent / G	uardian 2
Name				
Relationship				
Address				
Primary Phone				
▶ 2 <sup>nd</sup> Phone				
Email address				
Allowed to Pick up	□ Yes	🗆 No	□ Yes	🗆 No
Family 2 Contact Information	Parent / G	Guardian 1	Parent / G	uardian 2
> Name				
➢ Relationship				
> Address				
Primary Phone				
2 <sup>nd</sup> Phone				
Email address				
Allowed to Pick up	□ Yes	□ No	□ Yes	🗆 No

#### Household Information:

With whom does	the student reside?	□ Both Parents □ N (*if divorced please		Father* locumentation of custody agreement)
Who is the child's l	egal guardian**?			
		al documentation if leg	al guardian is s	someone other than mother/father)
List all individuals I	iving at the student'	s address (other than the		
Name		Relationship to Stud	dent	Date of Birth
·	·	□ Yes □ No If yes		
•		Public Schools before?	1	
If yes, who	ere:		V	/hen:
School Transferrir	g from:			
Address of previo	-			Phone:
· · · · · ·				
<b>Emergency</b> Cont	act Information:			
		assume temporary care	of vour child if	f you cannot be reached.
Name			Relationship	
Primary phone			2 <sup>nd</sup> Phone	
i i i i i i i i i i i i i i i i i i i			2 1110112	
Name			Relationship	
Primary phone			2 <sup>nd</sup> Phone	
	***Emergency info	ormation must remain c	urrent. Please	notify the school of any changes***
*Documents n	nust include parent	/guardian name and ac	dress	
		and two (2) from Colum	าท B	
Colum	n A – (1)			umn B – (2)
Most recent m	ortgage	Utility Bill Statemer		<b>ys &amp; current address∼</b> □ Bank Statement (last 30 days)
			7 Electric	
payment or co Deed	py of Mortgage	-	□ Water	Payroll Stub (last 30 days)
Deeu		Insurance Bill / Poli	•	Proof of SNAP/SSI (last 30 days)
□ Copy of Lease		Current Vehicle Reg		UW-2 / Tax Return (past year)
		<ul> <li>Property Tax Bill (pa</li> <li>Vehicle Tax Bill (pas</li> </ul>		Lincoln Voter Registration Student Loan Statement
C Section 8 Hours	ing Agreement			Credit Cord Statement
Section 8 Hous		☐ Fire Tax Bill (past ye	•	
i understand th	hat the residency in	residency	-	ion packet is subject to verification by a
Signature of Pore	son providing this	intermation.		

Signature of Person providing this information: \_\_\_\_\_\_
Print parent name: \_\_\_\_\_\_
Relationship to student: \_\_\_\_\_\_ Date: \_\_\_\_\_

## JOINT LEGAL CUSTODY PARENT/GUARDIAN INFORMATION

Parents/Guardians who share joint legal custody both have the right to consult with school officials concerning the child(ren)'s welfare and educational status, and to inspect and receive student records. If you need to deny access to a parent/guardian you will need to fill out the PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT form below.

### Please fill out only if applicable

Parents/Guardians: please provide the school with compliance.	copies of	f court orders related to restrictive custody to support
Name of parent with restricted custody:		
Street Address:		
City:	State:	Zip:
Cell phone:		Home phone:
Place of employment:		Work phone:
	• • • •	
There is a court order restricting access to the stu	ident or stu	tudent's record dated and filed in the following court:
The court has determined this parent to have:		
□ Restrictive custody		
Denied periods of physical placement		
Additional custody information:		
L		

To the best of my knowledge, the information provided is complete and accurate.

Parent/Guardian Signature: _		Date:
------------------------------	--	-------

# **RESIDENCY**

## **Residency is required for all registrations**

## IF YOU OWN YOUR RESIDENCE

You must fill out the Affidavit of Residency by Parent and have it notarized. You must also provide a mortgage statement AND two proofs of residency (see registration packet checklist).

## IF YOU RENT YOUR RESIDENCE

You must fill out the Affidavit of Residency by Parent and have it notarized.

Your landlord (owner of the property) must fill out the Affidavit of Residency by Landlord and have it notarized. You must also provide a lease or notarized letter from your landlord (owner of the property) with the parents' name, student's name, student's date of birth and address stating that you live there AND two proofs of residency (see registration packet checklist).

## IF YOU LIVE WITH A FAMILY MEMBER/OTHER

You must fill out the Affidavit of Residency by Parent and have it notarized.

The homeowner must fill out the Affidavit of Residency by Landlord and have it notarized. The homeowner must provide their mortgage statement AND two proofs of residency (see registration packet checklist).

THE HOMEOWNER MUST PROVIDE A MORTGAGE STATEMENT AND TWO PROOFS OF RESIDENCY.

SEE AFFIDAVITS IN THIS PACKET

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

Student Name:	
Affidavit of Residency by Parent/Guardian	
Print Parent/Guardian Name appeared before me on the day of	, 20 and after
first being placed under oath, did depose, swear and affirm to the following facts:	
<ol> <li>I am the natural or adoptive parent or guardian of</li></ol>	which is located in the Town of me at said address. v visit for the purpose School Department for the
purpose of determining whether is end of the Lincoln School system.	eligible to attend school in
6. In support of this Affidavit, I have attached certain exhibits which are true, accurate	urate and correct.
7. All the information contained herein is true and accurate.	
Parent/Guardian Sig	gnature
State of Rhode Island County of Providence OATH NOTARY	
In, on this day of	_, 20, before me
(City/Town) personally appeared and after reading t	he above Affidavit and
(Name of Parent/Guardian) after first being placed under oath, did swear to the truth and accuracy of said Aff	idavit.
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

(Landlord/Owner/Manageme	and I hereby depose and certify as follows:
ease complete all three items and	l sign below:
1. I am the owner/landlord/manageme	ent 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) property as their primary residence	(Student Name) e from me, in a tenancy at will, from month to month.
3 I hereby state that the party named	d above resides with me and/or at the address above.
ned under the pains and penalties of	of perjury this day of, 20,
Landlord/owner/management c	company signature:
Print Name:	
Print Address:	
Telephone Number:	
	ncy/Landlord Affidavit, I swear, under pains and penalties of perjury, that the rstand that the information contained in this legal affidavit is subject to verification <u>OATH NOTARY</u>
In, or	n this day of, 20, before me personally appeared
	_ and after reading the above Affidavit and after first being placed under oath, did
(Homeowner's Name) ear to the truth and accuracy of said Aff	
Signature of Notary Public	Notary Commission Expires

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.



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 complete	d by Parent or	Guardian	
Dear Parent or Guardian,	tudent Name	:		
	rst	Middle	Last	ace of Birth <sup>2</sup> :
appropriate school placement of your child, and will not be used for any other purposes <sup>1</sup> . Thank you for your collaboration.	ate of Birth: Ionth arent or Guard Mother [] F Iome Languag	ian Relationsh Tather 🗌 Othe	ear ip to student:	
	Iguage Bac	-		
1. What is the primary language used in the home, regardless of the language spoken by the student?	🗌 English	🗌 Other	S	pecify
2. What is the language most often spoken by the student?	🗌 English	🗌 Other	S	ipecify
3. What is the language that the student first acquired?	🗌 English	🗌 Other	S	ipecify
4. What language(s) does your child understand?	🗌 English	🗌 Other	S	pecify
5. What language(s) does your child speak?	🗌 English	🗌 Other	Specify	Does not speak
6. What language(s) does your child read?	🗌 English	🗌 Other	Specify	Does not read
7. What language(s) does your child write?	🗌 English	🗌 Other	Specify	Does not write

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

<sup>&</sup>lt;sup>2</sup> 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

Telephone (401)222-4600 Fax (401)222-6178 TTY (800)745-5555 Voice (800)745-6575 Website: www.ride.ri.gov 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.

Family	Interview – Educationa	l History	
1. Do you think your child may have any difficulti English or any other language? If yes, please de Yes* No Not sure		r her ability to understand, speak	, read or write in
Image: State of the state o			
How severe do you think these difficulties are?	Minor 🗌 Somewhat severe 🗌	] Very severe	
2a. Has your child ever been referred for a special e *If referred for an evaluation, has your child been ide	-	• 🗌 No 🗌 Yes*	
*If referred for an evaluation, and identified has your cl	nild ever received any special educ	ation services in the past?	
<b>2b. Age at which services received</b> (Please check all Birth to 3 years (Early Intervention) 3 to 5 ye		rs or older (Special Education)	
2c. Does your child have an Individualized Education	n Program (IEP), or 504 plan? 🗌	] No 🗌 Yes	
3. In which language do you prefer to receive oral communications from the school or district?	🗌 English 🔲 Oth	er Specify	
4. In which language do you prefer to receive writte communications from the school or district?	n 🗌 English 🗌 Oth	er Specify	
5. Indicate date first enrolled in ANY U.S. school			
	(mm/dd/yyyy	-	
Is there anything else you think is important for the s	school to know about your child?	(e.g., special talents, health conce	erns, etc.)
Signature of Dayont or Currelian	Mo	onth: Day: Day:	Year:
Signature of Parent or Guardian		Date	
Print Parent/Guardian Name			
OFFICIAL ENTRY ONLY	- NAME/POSITION OF PERSON	NEL ADMINISTERING HLS	
Name:	Position:		
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITI	ON AND CREDENTIALS:		
NAME/POSITION OF QUALIFIED PEI	SONNEL REVIEWING HLS AND	CONDUCTING INDIVIDUAL INTERV	IEW
Name:	Position:		
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITI	ON AND CREDENTIALS:		
Oral Interview Necessary: YES NO	Date of Individual Interview:		
NAME/POSITION OF QUALIFIED PE	RSONNEL ADMINISTERING THE	Month Day Year	FNT
Name:	Position:		
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITI	ON AND CREDENTIALS:		
		LANGUAGE SCREENING SCORES	
Name:	Position:		
Date of Screener: Month Day Year	Name of the Language Screen Assessment:	ning Score achieved:	
Proficiency Level Achieved: Entering 1 / Beginnir	ng 2 🗌 / Developing 3 🗌 / Expan	ding 4 / Bridging 5 / Reachin	g 6 🗌
FOR STUDENTS WITH AN IEP OR 504 PLAN, LIST ACC	COMMODATIONS, IF ANY, ADMI	NISTERED:	

Telephone (401)222-4600 Fax (401)222-6178 TTY (800)745-5555 Voice (800)745-6575 Website: www.ride.ri.gov 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.

## Lincoln Public Schools Permission to Obtain Records

Please release the following	student's records to the Lincoln P	Public Schools:	
Student's Name:		DOB:	
Parent's Name:			
Student Address:		Phone #:	
School District Student is trai	nsferring from:		
School Name:			
School Address:			
Grade: School Pho	one #:	School FAX #:	
All of the following o Reciprocal Commun Clinical Psychologic Educational Evaluat Classroom Observa Hearing and Vision IEP Immunization Recor Language Proficience LD Documentation Other	al Evaluation ion tion Test/Screening d	Neurological Evaluation Team Report Medical History from Doct Psychiatric Evaluation Psychological Evaluation Report Card/Transcript Social History Therapy Evals. OT PT Teacher Questionnaire	
	ransferring to the Lincoln Public Scho		- (h (- )
	uthorization will not be given, transfer This authorization expires		and may be withdrawn at any time
Signature:	noront (quardian (advantianal advanta)	Da	ate:
Circle school you would like	parent /guardian /educational advocate) 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 Release Sn	Saylesville Elem. School 50 Woodland Street Lincoln, RI 02865 Fax: 401-722-1090 Tel: 401-723-5240
Lincoln Middle School Attn: Guidance Office 152 Jenckes Hill Road	Lincoln High School Attn: Guidance Office 135 Old River Road	Lincoln Admini Attn: S PO Bo:	Public Schools strative Offices tudent Services

Lincoln, RI 02865 FAX: 401-721-3429 Lincoln, RI 02865 FAX: 401-334-8753 Lincoln, RI 02865 FAX: 401-726-1813

Student's Na
--------------

## **STUDENT HEALTH SECTION**

Physician's Name Phone Nur	mber
IF YOU ANSWER YES TO ANY QUESTION, PLEASE EXPLAIN	
1. Has your child ever had any operations or serious illnesses? If yes, please explain:	Yes No
2. Has your child had any serious accidents? If yes, please explain:	Yes No
<ol> <li>Does your child wear eyeglasses, contacts, braces, hearing aids, or any other corrective devise?</li> <li>If yes, please explain:</li> </ol>	Yes No

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? If yes, where?	Yes	No
6. Has your child had a neurological evaluation? If yes, when?	Yes	No
7. Has your child had a psychological evaluation? If yes, when?	Yes	No
8. Is your child restricted from physical activities? If yes, please explain:	Yes	No

9.	Is your child allergic to: medicines/drugs? If yes, please specify:	Y	es	No
	Is your child allergic to: plants/foods?	Y	es	No
	If yes, please specify:			
	Is your child allergic to: insect stings?	Y	es	No
	If yes, please specify:			
10.	If you answered yes to question #9, does your child take medication for this allergy? If yes, please specify (i.e. Benadryl, Epi-Pen, etc.):	( ]	es	No
11.	Does your child have asthma?	Y	es	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?	Y	es	No
	If yes, please specify:			
13	Will medication be given at school?	Y	es	No
	If yes, please specify:			
14.	What medications are given frequently, but not daily?			
15.	Would you like a conference with the school nurse?	Y	es	No
Pa	arent Name (Please Print):			
P	ARENT 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 ON	e: N	IEW STU	JDENT	CHANGE	DELETION	
STUDENT ID: LAST NAME:						
FIRST NAME:						
ADDRESS:						
PARENT/GUA	RDIAN:					
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

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: <u>mariah.perez@compass-usa.com</u>

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:				
lf 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.

# 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  $(7^{\text{th}})$  grade. This general health examination may be performed during the sixth  $(6^{\text{th}})$  grade, but no later than six (6) months after entry into the seventh  $(7^{\text{th}})$  grade.

Effective August 1, 2015, a third general health examination and health clearance will be required upon entry to the twelfth  $(12^{th})$  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  $(12^{th})$  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 9<sup>th</sup> 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

 $\triangleright$ 

\*\*\*\*All students entering 12<sup>th</sup> grade, will be required to have a booster dose of MENINGOCOCCAL vaccine (MCV4) given on or after their 16<sup>th</sup> birthday

\*\*\*\*HPV Vaccine-

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

\*\*\*Adolescents 14 years old upon entering 9<sup>th</sup> 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 9<sup>th</sup> 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 9<sup>th</sup> grade will be required to have three (3) doses

All children entering 7<sup>th</sup> and 12<sup>th</sup> 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 (12<sup>th</sup>) grade.