



# 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)	Column B – (2)
<input type="checkbox"/> Most recent mortgage payment or copy of Mortgage Deed  <input type="checkbox"/> Copy of Lease  <input type="checkbox"/> Section 8 Housing Agreement	<p style="text-align: center;"><i>~ Last 30 days &amp; current address~</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Utility Bill Statement               <ul style="list-style-type: none"> <li><input type="checkbox"/> Gas/Oil</li> <li><input type="checkbox"/> Electric</li> <li><input type="checkbox"/> Cable</li> <li><input type="checkbox"/> Water</li> </ul> <input type="checkbox"/> Insurance Bill/Policy  <input type="checkbox"/> Current Vehicle registration  <input type="checkbox"/> Property Tax Bill (past year)             </div> <div style="width: 45%;"> <input type="checkbox"/> Vehicle Tax Bill (past year)  <input type="checkbox"/> Fire Tax Bill (past year)  <input type="checkbox"/> Bank Statement (last 30 days)  <input type="checkbox"/> Payroll Stub (last 30 days)  <input type="checkbox"/> Proof of SNAP/SSI (last 30 days)  <input type="checkbox"/> W-2/Tax Return (past year)  <input type="checkbox"/> Lincoln Voter Registration  <input type="checkbox"/> Student Loan  <input type="checkbox"/> Credit Card Statement             </div> </div>



Date of Registration: \_\_\_\_\_

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

## Town of Lincoln Public Schools District Registration

\*\*\*Please print clearly\*\*\*

Student's Legal Name:  Suffix:   
(last) (first) (middle) (Jr, III, etc.)

Gender:  Male  Female Student's Nickname:  Grade Entering:

Date of Birth:  Place of Birth:

Student's Current Address:

Does the Student have an IEP or 504 Plan?  IEP  504Plan

Does the student presently receive English as a second language? \_\_\_\_\_

### Race/Ethnicity (Please answer all):

New Federal standards require that school districts collect and report information regarding race and ethnicity.

1. Is your child Hispanic or Latino?  Yes  No
  
2. What is your child's race?  Alaska / Native American  Asian  Pacific Islander  
 Black  White
  
3. If your child is Southeast Asian, please check their country of origin or ethnic group:
 

<input type="checkbox"/> Brunei	<input type="checkbox"/> Burma (Myanmar)	<input type="checkbox"/> Cambodia	<input type="checkbox"/> Philippines	<input type="checkbox"/> Hmong	<input type="checkbox"/> Indonesia
<input type="checkbox"/> Laos	<input type="checkbox"/> Malaysia	<input type="checkbox"/> Thailand	<input type="checkbox"/> Timor-Leste	<input type="checkbox"/> Singapore	<input type="checkbox"/> Vietnam

### Parent/Guardian Information:

Family 1 Contact Information	Parent / Guardian 1		Parent / Guardian 2	
➤ Name				
➤ Relationship				
➤ Address				
➤ Primary Phone				
➤ 2 <sup>nd</sup> Phone				
➤ Email address				
➤ Allowed to Pick up	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family 2 Contact Information	Parent / Guardian 1		Parent / Guardian 2	
➤ Name				
➤ Relationship				
➤ Address				
➤ Primary Phone				
➤ 2 <sup>nd</sup> Phone				
➤ Email address				
➤ Allowed to Pick up	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Household Information:**

With whom does the student reside?  Both Parents  Mother\*  Father\*  
 (\*if divorced please provide legal documentation of custody agreement)

Who is the child's legal guardian\*\*? \_\_\_\_\_  
 (\*\*Please provide legal documentation if legal guardian is someone other than mother/father)

List all individuals living at the student's address (other than the parent(s):

Name	Relationship to Student	Date of Birth

Has your child attended preschool?  Yes  No If yes, name of preschool: \_\_\_\_\_

Has your child ever attended Lincoln Public Schools before?  Yes  No  
 If yes, where: \_\_\_\_\_ When: \_\_\_\_\_

School Transferring from: \_\_\_\_\_  
 Address of previous school: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact Information:**

List up two other contacts who will assume temporary care of your child if you cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Primary phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Primary phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

\*\*\*Emergency information must remain current. Please notify the school of any changes\*\*\*

**\*Documents must include parent/guardian name and address**

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

Column A – (1)	Column B – (2) ~ Last 30 days & current address~	
<input type="checkbox"/> Most recent mortgage payment or copy of Mortgage Deed	<input type="checkbox"/> Utility Bill Statement <input type="checkbox"/> Gas / Oil <input type="checkbox"/> Electric <input type="checkbox"/> Cable <input type="checkbox"/> Water	<input type="checkbox"/> Bank Statement (last 30 days) <input type="checkbox"/> Payroll Stub (last 30 days)
<input type="checkbox"/> Copy of Lease	<input type="checkbox"/> Insurance Bill / Policy <input type="checkbox"/> Current Vehicle Registration <input type="checkbox"/> Property Tax Bill (past year) <input type="checkbox"/> Vehicle Tax Bill (past year)	<input type="checkbox"/> Proof of SNAP/SSI (last 30 days) <input type="checkbox"/> W-2 / Tax Return (past year) <input type="checkbox"/> Lincoln Voter Registration <input type="checkbox"/> Student Loan Statement
<input type="checkbox"/> Section 8 Housing Agreement	<input type="checkbox"/> Fire Tax Bill (past year)	<input type="checkbox"/> Credit Card Statement

**I understand that the residency information contained in this registration packet is subject to verification by a residency officer.**

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 copies of court orders related to restrictive custody to support compliance.**

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 student or student'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:

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**

\_\_\_\_\_ 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 purposes<sup>1</sup>.

Thank you for your collaboration.

<b>Student Name:</b>		
<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Date of Birth:</b>		<b>Place of Birth<sup>2</sup>:</b>
<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 _____		
<b>Home Language Code:</b>		

<b>Language Background</b>			
<i>(Please check all that apply)</i>			
<b>1. What is the primary language used in the home, regardless of the language spoken by the student?</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other	<div style="border: 1px solid black; height: 20px;"></div> <i>Specify</i>
<b>2. What is the language most often spoken by the student?</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other	<div style="border: 1px solid black; height: 20px;"></div> <i>Specify</i>
<b>3. What is the language that the student first acquired?</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other	<div style="border: 1px solid black; height: 20px;"></div> <i>Specify</i>
<b>4. What language(s) does your child understand?</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other	<div style="border: 1px solid black; height: 20px;"></div> <i>Specify</i>
<b>5. What language(s) does your child speak?</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other	<div style="border: 1px solid black; height: 20px;"></div> <i>Specify</i> <input type="checkbox"/> Does not speak
<b>6. What language(s) does your child read?</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other	<div style="border: 1px solid black; height: 20px;"></div> <i>Specify</i> <input type="checkbox"/> Does not read
<b>7. What language(s) does your child write?</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other	<div style="border: 1px solid black; height: 20px;"></div> <i>Specify</i> <input type="checkbox"/> 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>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](http://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 – 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?



– 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
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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

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



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:

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For First Student Bus Co. use only

BUS IN: \_\_\_\_\_ STOP: \_\_\_\_\_ TIME: \_\_\_\_\_  
BUS OUT: \_\_\_\_\_ STOP: \_\_\_\_\_ TIME: \_\_\_\_\_



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 Ryan Xavier, Director of Dining Services, at 401-602-0200  
Mail: Lincoln Public Schools, ATTN Chartwells K12, 135 Old River Rd. Lincoln, RI 02865  
Email: Ryan.Xavier@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. *Fill in the information below.*

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

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 below.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print Parent/Guardian name: \_\_\_\_\_

**Please return this form at your earliest convenience by mailing to the address above. Thank you.**



# LINCOLN HIGH SCHOOL

Nurse's Office

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

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## 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<sup>th</sup>) grade. This general health examination may be performed during the sixth (6<sup>th</sup>) grade, but no later than six (6) months after entry into the seventh (7<sup>th</sup>) grade.

Effective August 1, 2015, a third general health examination and health clearance will be required upon entry to the twelfth (12<sup>th</sup>) 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<sup>th</sup>) 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
- \*\*\*\*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.

