



Lincoln Public Schools Registration Checklist

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

- _____ REGISTRATION FORM COMPLETED
- _____ PARENT PHOTO IDENTIFICATION (I.E., LICENSE/PASSPORT) – ID WILL BE VERIFIED BY STAFF
- _____ CHILD’S ORIGINAL 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="margin: 0;">~ Last 30 days & current address~</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"> <input type="checkbox"/> Gas/Oil <input type="checkbox"/> Electric <input type="checkbox"/> Cable <input type="checkbox"/> Water </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> <div style="margin-top: 10px;"> <input type="checkbox"/> Insurance Bill/Policy <input type="checkbox"/> Current Vehicle registration <input type="checkbox"/> Property Tax Bill (past year) </div>

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Town of Lincoln Public Schools District Registration



Please print clearly

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

Student's Nickname: _____ Student Email Address: _____

Student's Current Address: _____

Student's Former Address: _____

Home Phone: _____ Cell Phone: _____ Grade Entering: _____

Date of Birth: _____ Place of Birth: _____

Gender: Male Female Does the student have an IEP or 504 Plan? IEP 504Plan

Date of Entry: _____ 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:

Brunei Burma (Myanmar) Cambodia Philippines Hmong Indonesia
 Laos Malaysia Thailand Timor-Leste Singapore Vietnam

Parent/Guardian Information:

Parent 1 Legal Name: _____ Suffix: _____
(last) (first)

Address: _____

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Parent 2 Legal Name: _____
(last) (first)

Address: _____

Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Household Information:

With whom does the student reside? _____
(*if divorced please provide legal documentation of custody agreement)

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

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? (Kindergarten only) _____
 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: _____

Please list two (2) people, other than parents, who could be contacted in case of an emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Emergency information must remain current. Please notify the schools of any change.

***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)	
<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 align="center"><i>~ Last 30 days & current address~</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <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"/> 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"/> Fire Tax Bill (past year) </div> <div style="width: 30%;"> <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>	

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: <input type="checkbox"/> Restrictive custody <input type="checkbox"/> 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: _____

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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

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Lincoln Public Schools
1624 Lonsdale Avenue
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.

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Lincoln Public Schools
1624 Lonsdale Avenue
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.

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

Home Language Code:

Language Background

(Please check all that apply)

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

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

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 – 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.)

Signature of Parent or Guardian

Month: Day: Year:

Date

Print Parent/Guardian Name

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:

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

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**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 |
|--|--|---|---|

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
ATTN: Student Services
135 Old River Road
Lincoln, RI 02865
Fax: 401-726-1813

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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 fax this form immediately upon completion to First Student at 401-334-0576)

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: _____

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**FOOD ALLERGY FORM
LINCOLN PUBLIC SCHOOLS
CHARTWELLS FOOD SERVICE**

Dear Parents:

In an effort to keep all students with allergies as safe as possible while in school, the Lincoln School Department will be following the Chartwells Food Service 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. In an effort 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 documented food allergies and medical conditions to ensure that we are providing a safe and nutritious meal.

Any student 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 you have any questions, please contact Danielle Landry, Director of Dining Services, at 401-721-3499.
Mail: Lincoln Public Schools, Attn: Chartwells K12, 152 Jenckes Hill Road, Lincoln, RI 02865
Email: danielle.landry@compass-usa.com

Your child's name: _____ School: _____ Grade: _____
(print)

Choose one from the checklist below:

- My child has no food allergies to report.

Parent signature: _____

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

Food allergy: _____

Treatment: _____

Parent/Guardian Signature: _____ Date: _____

Please print Parent/Guardian name: _____

- If you DO NOT want your child in this program, 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 to your school at your earliest convenience. Thank you.

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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.