

TOWN OF NORTH PROVIDENCE SCHOOL DEPARTMENT

2240 Mineral Spring Avenue, North Providence, Rhode Island 02911
(401) 233-1100 - FAX (401) 233-1106 - TDD (800) 745-6575

Joseph B. Goho, *Superintendent*
Louise K. Seitsinger, M.Ed., *Assistant Superintendent*
Ronald Gonsalves Jr., MBA, CPA, *Finance Director*
Cynthia VanAvery, MA *Director of Special Education*
Kathryn Gaouette, *Director of Human Resources*

SCHOOL COMMITTEE
Frank Pallotta, Ed.D. *Chair*
Roderick E. DaSilva, *Vice Chair*
Steven M. Andreozzi, *Clerk*
Arthur Corsini
Anthony R. Marciano, Sr., Esq.
Gina M. Picard, M.Ed.
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NORTH PROVIDENCE SCHOOL DEPARTMENT STUDENT REGISTRATION CHECKLIST

Rev.09/09/2019

Dear Parent / Guardian:

These are the items you will need to complete your child's registration:

1. Proof of residency, **Notarized Affidavit of Residency** form and a **Notarized Landlord Affidavit** (2 other forms required- i.e.: **Mortgage/Lease statement, lease and a Major utility bill**)
2. **Birth Certificate (original), Parent/Guardian ID**
3. Written proof of the following **immunizations**:
 - a. 5 doses of DTP/DTaP (diphtheria, tetanus, pertussis) vaccine (4 doses if last dose given after 4th birthday)
 - b. 4 doses Polio vaccine (3 doses if last dose given after 4th birthday)
 - c. 2 doses NIMR (measles, mumps, rubella) vaccine
 - d. 3 doses Hepatitis B vaccine
 - e. 2 doses Varicella (chickenpox) vaccine *(or a note signed by your child's doctor stating that the child has had chickenpox disease)*
4. Montoux test (PPD) Tuberculosis-~~per the NP School Dept.~~ **the PPD is required only if entering from out of the country.**
5. Evidence of a physical examination within the last twelve months before the start of school
6. Vision screening *(may be done during physical examination)*
7. Proof of lead screening
8. All registrations are by appointment only please call Lisa V at 401-349-4422 *to* schedule an appointment once all your requirements are met.

High School and Middle School Registrations must also include transcripts and academic records.

The birth certificate will be returned to you immediately. The other documents will be kept at school as a part of your child's record. Free immunization clinics are held annually. The school nurse teacher will have a list of available clinics.

For Kindergarten or First Grade: Children must be five years of age on or before September 1st of the school year to enter Kindergarten for that year, and six years of age on or before September 1st of the school year to enter the first grade.

The North Providence School Department does not discriminate on the basis of age, sex, religion, national origin, color or handicap in accordance with applicable laws and regulations. Individuals with disabilities, who require assistance or special arrangements to participate in a program or activity sponsored by the North Providence School Department, please contact superintendent's office. We request that you provide a 48-hour notice so that the proper arrangements may be made.

Child's name

Child's Date of Birth

Special Education Services

Did your child ever qualify for Special Education services in the past? Yes No

Does your child currently have an IEP (Individualized Education Program) ? Yes No

Are you dropping off a copy of your child's current IEP at this time? Yes No

Which School Department are you transferring in from? _____

***Failure to respond to these questions accurately could result in a delay in providing the appropriate services for your child.**

Does your child have a 504 plan? Yes No

Are you dropping off a copy of the 504 plan at this time Yes No

Parent/Guardian Signature

Date

*It may take up to 48 hours for us to process this paperwork and obtain requested records. Failure to fill out this form completely may delay this process.

North Providence School Department ~ Student Registration Form

Please complete one Student Registration Form for each child to be enrolled

Student Information:

(Please Print)

Date: _____

Last Name	First Name	MI	Preferred Name	Age
Entering Grade	M / F Gender	/ /	/ /	Did your child have an IEP or 504 in their previous school? YES (CIRCLE YES FOR SPECIAL ED) IEP OR 504 (CHOOSE ONE)
	Date of Birth	US Entry Date	Birth Place	

Current Address: _____ *Did your child receive English Language Learner Services in their previous school Y/N*

Street: _____ APT#: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Email: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Parent/Guardian Cell: _____ Relationship: _____ Parent/Guardian Cell: _____ Relationship: _____

*****Enrollment is based on space availability. A student's school assignment may be subject to change.*****

Ethnic Background

In order to identify students correctly (as mandated by federal and state law), and as the family prefers, please check or circle the most appropriate group with whom you choose to have your child to be identified. This information will be used for reporting total counts of pupils and will not be released in a personally identifiable form without your permission. Please select from the listings below. **** Please note, per State of RI guidelines, If (Y) is chosen for Hispanic/Latino, you MUST also choose a race. Thank you.**

**Are you Hispanic or Latino (choose only one)

What is your race? (Choose all that apply)

Not Hispanic/Latino

American Indian or Alaska Native

Yes Hispanic/Latino

Asian

Black or African American

Country of Family Background _____

Native Hawaiian or Pacific Islander

White

Previous School Information

School Name: _____ Grade last entered: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Today's Date: _____ Signature of Parent / Legal Guardian (Adult): _____

Office Use Only:

IEP/504 _____ ELL _____ School Assignment _____ Start
Date _____ Bus Route # _____ Nurse's Approval _____ Registrar Approval _____ Residency _____

North Providence School Department ~ Student Emergency Information

(For emergency and informational purposes only)

Student's DOB: _____

Student Last Name: _____ First Name: _____ Grade: _____ Teacher: _____

Resident Address Information:

Number / Street	Unit #	City	State	Zip
Internet Access @ home Y / N	Are there any custody issues? Y / N		Are there any NO contact orders? Y / N	

(Contact 1)

Military family Yes or No

Head of Household Information (Parent / Guardian living in home ONLY)

Are both parents in household? Y / N

Relationship	Date of Birth	Last	First	S / M	W / D
		(H/C/W)	(H/C/W)	(H/C/W)	Marital Status
M / F					
Gender	Language	Preferred Phone #	Second Phone #	Third Phone #	Email Address
Employer Name: _____		Work # _____		EXT _____	
Military: YES / NO	Active: YES / NO	Branch of Service: _____			

(Contact 2)

Relationship	Date of Birth	Last	First	S / M	W / D
		(H/C/W)	(H/C/W)	(H/C/W)	Marital Status
M / F					
Gender	Language	Preferred Phone #	Second Phone #	Third Phone #	Email Address
Employer Name: _____		Work # _____		EXT _____	
Military: YES / NO	Active: YES / NO	Branch of Service: _____ Address: _____			

(Contact 3)

(Emergency - will only be called if any of the above cannot be reached)

Relationship	Last	First	Preferred Phone #	Second Phone #	Third Phone #	Email Address
			(H/C/W)	(H/C/W)	(H/C/W)	

Please list names of other children in household, which are in the North Providence School System or pre-school children who will eventually enter Kindergarten in North Providence. Please use back of this form if you need additional space. Thank you.

			M / F	/	/	
Last	First	MI	Gender	DOB	School	Grade
			M / F	/	/	
Last	First	MI	Gender	DOB	School	Grade

*** North Providence School Department Policy - Anyone NOT listed on this form WILL NOT be able to dismiss a student unless prior arrangements by a guardian have been made in writing. Identification of any person dismissing a student must be checked at all dismissals. ***

PARENT/GUARDIAN SIGNATURE _____ DATE _____

NORTH PROVIDENCE SCHOOL DEPARTMENT
2240 Mineral Spring Avenue
North Providence, RI 02911

Student Language Survey

School Name: _____

The information requested on this form is necessary for the most appropriate placement for your child as required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f)) and will not be used for any other purposes. Thank you for your cooperation.

To be completed by parent or guardian:	
Student Name: _____	
Registration _____	Date of _____
Date: _____	Birth: _____
1. What <u>language</u> do you use <u>most often</u> when speaking to your child?	

2. What <u>language</u> did your child <u>first</u> learn to speak?	

3. What <u>language</u> does your child use <u>most often</u> when speaking to you?	

4. What language does your child use <u>most often</u> when speaking to other adults in the home or to their primary caretaker?	

5. What <u>language</u> does your child use <u>most often</u> when speaking to siblings or other children in the home?	

6. What <u>language</u> does your child use <u>most often</u> when speaking to friends or neighbors <u>outside</u> the home?	

Signature of Parent or Guardian _____	Date _____
Print Parent/Guardian Name _____	

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North Providence School Department Media Information Form Rev. 04.08.2019

Dear Parents/Guardians:

Please complete the form below and return to (your child's) teacher.

I understand on occasion print photographers and TV camera people may be in the school to photograph/tape news stories and talk to students regarding events at schools or schools in general. Also, NPSD may photograph and video for educational purposes. Likewise, teachers and administrators may use phones and other devices to post photographs and/or videos of students for classroom assignments, extracurricular activities or school activities, programs and student showcases or presentations on school web pages and appropriate social media outlets. This is with the understanding that neither NPSD nor its representatives will reproduce said photograph, interview or likeness for any commercial value or receive monetary gain.

Please indicate your rejection or permission for such to take place in regard to (your child) the student listed below.

THIS PERMISSION WILL EXTEND OVER THE 2019-2020 SCHOOL YEAR.

I give permission for my child to be photographed, recorded and videotaped by the media & educators in educational or school situations.

I do not give permission for my child to be photographed, recorded and videotaped by the media & educators in educational or school situations.

(My child) may be interviewed by the media and educators regarding school or educational situations.

(My child) may not be interviewed by the media and educators regarding school or educational situations.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above request.

Please sign and return this form

Parent/Guardian Signature _____

Student's Name _____

Date _____ Grade _____ Class _____

The North Providence School Department does not discriminate on the basis of age, sex, religion, national origin, color or handicap in accordance with applicable laws and regulations. Individuals with disabilities, who require assistance or special arrangements to participate in a program or activity sponsored by the North Providence School Department, please contact superintendent's office. We request that you provide a 48-hour notice so that the proper arrangements may be made.

**North Providence School Department
Release of Records Form**

Date: _____

Student Name: _____ DOB: _____

Previous School Name: _____

City / Town: _____ State: _____

Phone Number: _____ Fax Number: _____

Dear Sir or Madam,

The Above mentioned student has registered in the North Providence School Department. We are requesting that all academic, attendance, discipline and health records be forwarded to the address listed below.

Thank you in advance for your immediate attention to this request.

Sincerely,

Parent / Guardian:

In order to receive the necessary records from your child's previous school, it is required that a release form be signed. The following form, signed by the parent or legal guardian of the above named student, will grant the North Providence School Department the necessary permission to request and receive previous school records.

I hereby request that you release the records for the above named student to the North Providence School Department.

Date: _____ Signature: _____
(Parent / Legal Guardian / Adult)

Records to be released to:

North Providence School Department
2240 Mineral Spring Avenue
North Providence, RI 02911
Phone: 401-233-1100 Fax: 401-233-1106
Attn: Central Registration

RESIDENCY

Residency is required for all registrations

IF YOU OWN YOUR RESIDENCE

You must fill out the affidavit of residency by parent and provide a mortgage statement and a major utility bill.

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 notarize. You must also provide a lease or notarized letter from your landlord (owner of the property). The notarized letter should include the parents name, students name, students date of birth and address stating that you live there signed and notarized by the owner/landlord AND a major utility bill. If utilities are included in your rent make sure it states it in the lease or written notarized letter from the Landlord (owner of the property).

IF YOU LIVE WITH A FAMILY MEMBER

You must fill out the affidavit of residency by parent and have it notarized.

Your family member (owner of the property) must fill out the affidavit of residency by landlord/owner and have it notarize. You must also provide a lease or notarized letter from your family member. The notarized letter should include the parents name, students name, students date of birth and address stating that you live there signed and notarized by the owner/landlord AND a major utility bill. If utilities are included in your rent make sure it states it in the lease or written notarized letter from the owner/landlord, AND the owner must provide their mortgage statement and a major utility bill. If utilities are included make sure it states it in the lease or written notarized letter from the family member (owner of the property).

The family member must provide a mortgage statement and utility bill.

If the family member you are living with rents the landlord or owner will have to verify they are aware you are living at the address provided.

SEE AFFIDAVITS IN THIS PACKET

AFFIDAVIT OF RESIDENCY BY PARENT

NORTH PROVIDENCE PUBLIC SCHOOLS
2240 Mineral Spring Avenue
North Providence, RI 02911

In Re: _____
 Name of Student

AFFIDAVIT OF RESIDENCY BY PARENT

_____ appeared before me on the _____ day of _____, 20____ and after first being placed under oath, did depose, swear and affirm to the following facts:

- (1) I am the natural or adoptive parent of _____ whom I have physical custody and possession.
- (2) I currently reside at _____, which is located in the Town of North Providence, State of 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 North Providence School Department for the purpose of determining whether _____ is eligible to attend school in the North Providence 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's Signature

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

OATH NOTARY

In _____ on this _____ day of _____, 20____, before me personally appeared _____ and after reading the above Affidavit and after first being placed under oath, did swear to the truth and accuracy of said Affidavit.

Signature of Notary Public

Notary Commission Expires: _____

(FORM A)

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 RECEIVES. SUCH COLLECTION EFFORTS WILL INCLUDE ATTACHMENT AND LEVY OF REAL ESTATE, WAGES AND PERSONAL PROPERTY.

NORTH PROVIDENCE SCHOOL DEPARTMENT
Residency Affidavit – Landlord/Shared Tenancies/Owner
AFFIDAVIT

My name is _____ and I hereby depose and certify as follows:
Landlord/Owner or actual Lessor of residence

Please complete all three items and sign below.

1. I am the owner/lessor of property located at _____
Address where parent lives
2. _____, who is the parent or legal guardian of
Parent/Guardian or Student over 18
_____, leases or subleases this property as their
Student Name
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 or Lessor Signature

Print Name: _____

Print Address: _____

Print 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.

Parent/Guardian or Student over 18 Signature

Print Name: _____

Print Address: _____

Print Telephone Number: _____

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

OATH NOTARY

In _____ on this _____ day of _____, 20____, before me personally appeared _____ and after reading the above Affidavit and after first being placed under oath, did swear to the truth and accuracy of said Affidavit.

Signature of Notary Public

Notary Commission Expires: _____

(FORM A)

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Dear Parent/Guardian:

The Rhode Island Sex Offender Registration and Community Notification Act, R. I. General Law 11-37.1-1 et seq. provides for the registration of juvenile and adult sex offenders living in Rhode Island or relocating here from another jurisdiction and to provide community notification relative to the release of juvenile and adult sex offenders living in or relocating to Rhode Island. This statute supports the policy that if members of the public are provided adequate notification and information about a sex offender who has been or is about to be released from custody and who lives or will live in or near their neighborhood, the community can develop constructive plans to prepare themselves and their children for the offender's release.

Pursuant to this statute, the North Providence School Department is hereby notifying you that you have the option to remove your child(ren)'s name and address from a school directory which is provided by the North Providence School Department to the North Providence Police Department annually. If your information is included in the directory provided to the North Providence Police Department, you will continue to receive Offender Fact Sheets from the North Providence Police Department on an annual basis.

Sincerely,
North Providence School Department

The North Providence School Department does not discriminate on the basis of age, sex, religion, national origin, color or handicap in accordance with applicable laws and regulations. Individuals with disabilities, who require assistance or special arrangements to participate in a program or activity sponsored by the North Providence School Department, please contact superintendent's office. We request that you provide a 48-hour notice so that the proper arrangements may be made.

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SEXUAL OFFENDER OPT-OUT FORM

I, the parent/custodial guardian of the following child/children, _____
_____, hereby notify the North Providence School Department
and the North Providence Police Department that we do not want our children's names
and addresses included in the directory that is provided by the North Providence School
Department to the North Providence Police Department on an annual basis. Further, we
understand that by signing this form, we are notifying both the North Providence School
Department and the North Providence Police Department that we do not want to
receive Offender Fact Sheets from the North Providence Police Department.

Parent/Custodial Guardian

Date:

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Signature Parent/Guardian: _____ Date: _____

Athletic Participation Form

Student's Name: _____ D.O.B. _____

Previous School: _____

While at the former high school the student participated on which of the following sports team(s). Please place a check mark (v) to all that apply.

SPORT	9 th Grade			10 th Grade		11 th Grade		12 th Grade	
	Fr	JV	Var	JV	Var	JV	Var	JV	Var
Baseball									
Basketball									
Cheerleading									
Cross Country									
Fast Pitch Softball									
Football									
Golf									
Hockey									
Lacrosse									
Outdoor Track & Field									
Soccer									
Swimming									
Tennis									
Wrestling									

I understand that if I have given any false information I will be immediately declared ineligible for any and all athletic participation.

Student's Signature _____

Date _____

I understand that if any of the information provided above is false, the above named student will be declared ineligible for any and all athletic participation.

Parent/Legal Guardian's Signature _____

Date _____

Dear Parent/Guardian:

Health examinations are required by law to be carried out periodically during the child's school experience. Dental examinations must be done annually in grades K-5 and 7. These are of importance to the child's education because it is a means of discovering defects which might be corrected.

Since regulations provide that all students in grades K-5 and 7 have an annual dental examination and that pupils entering kindergarten and grade seven, must have a physical examination, we are asking that you have your child examined by the family physician and dentist during the summer. The school department also requests that an interim physical be done periodically for students.

Kindly have the enclosed medical form and yellow dental card completed by your physician and dentist and returned by your child to the school in September.

The School Department physician and dentist will be available during the school year to examine those children who have not been examined by their family doctor.

Thank you for your cooperation in this matter.

Sincerely,

Certified School Nurse/Teacher
North Providence School Department

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NORTH PROVIDENCE SCHOOL DEPARTMENT

Health Office Medication Authorization Sheet

Student Name: _____

Grade: _____ Teacher: _____

The following medication will be dispensed by the School Nurse as deemed necessary:

- Tylenol (Acetaminophen) age appropriate dose
- Motrin (Ibuprofen) age appropriate dose
- Tums 1-2 tabs
- Cough Drops **MIDDLE AND HIGH SCHOOL STUDENTS ONLY**

Per policy, these medications are provided as needed. If your child continues to require these medications on a routine basis, it will be necessary to provide a completed North Providence Medication Authorization and Consent form signed by the student's primary care provider. These medications must be transported to school by an adult in an original container, labeled with the student's name.

PARENT GUARDIAN AUTHORIZATION

I have read and understand the North Providence Medication Policy. I request that my child be given the medication as described above in accordance with said policy. I understand that the school is rendering a service and I retain full responsibility for any effects resulting from the administration of said medication.

PLEASE NOTE: Your child will not receive any of the above medication until the Medication Authorization Sheet is on file.

Please list any allergies your child may have: _____

Parent/Guardian Signature

Date

NORTH PROVIDENCE SCHOOL DEPARTMENT
ANNUAL HEALTH HISTORY UPDATE

PLEASE NOTE: The information on this form will be used to update your child's health records. Please complete this form and return to Certified School Nurse Teacher as soon as possible. Thank you.

Student: _____

Date of Birth: _____ Grade: _____ Teacher: _____

Pediatrician: _____ Phone: _____

Dentist: _____ Phone: _____

HEALTH INFORMATION

If your child has a pre-existing diagnosis or condition, please indicate: _____

List allergies: _____

If allergic to bee stings and/or food do they require an EpiPen? Yes No

List surgeries:

List serious illnesses or injuries: _____

List any health conditions that CSNT needs to be aware of: _____

Please check if any of the following health problems exist:

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Throat Infections (frequent) |
| <input type="checkbox"/> Bone or Joint Disease | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dental Problems |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Ear Infections/Tubes: Left Right Both |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Menstrual Problems |
| <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Vision Problems (does she/he require glasses/contact lenses? Yes No) | |

If yes to any of the above please explain: _____

Please list medications your child is currently taking and the reason why:

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Signature Parent/Guardian: _____ Date: _____

******Please note the following information regarding health screenings in the school******

Vision- Children are screened upon entry and in 1st, 2nd, 3rd, 4th, 5th, 7th and 9th grades;

Hearing-Pre-K, K, 1st, 2nd, and 3rd and any new students without prior hearing screening

Dental-all students in pre-K-5th and grade 7

Scoliosis Grades 6, 7, and 8

These screenings are administered by trained personnel. If you elect not to have any of these screenings done in school, satisfactory evidence must be provided to the school nurse stating that the same exam/test has been completed within the preceding 6 months by the students' health care provider. Please submit this documentation by October 1st to the school nurse.

***SEE BACK SIDE >>

FOR STUDENTS ENTERING KINDERGARTEN ONLY

NORTH PROVIDENCE SCHOOL DEPARTMENT

KINDERGARTEN QUESTIONNAIRE

Name of Child: _____ Date of Birth: _____ Sex: M.____ F.____

1. Were there any delays in developmental milestones (sitting, crawling, walking, talking, etc.)? ___ yes ___ no
2. Is your child completely toilet trained? ___ yes ___ no
3. Has your child been trained to wash his/her hands as necessary? ___ yes ___ no
4. Has your child attended nursery school? ___yes ___ no If yes, where? _____ How long? _____
5. Did your child attend Child Outreach? ___ yes ___ no Date of Screening: _____
6. Can your child put on a coat or sweater? ___yes ___no use a zipper? ___yes ___no tie or buckle shoes? ___yes ___no
7. Does your child blow his/her nose without help when needed? ___yes ___no
8. Does child have brothers? ___Older ___ Younger? Does child have sisters? ___Older ___ Younger?
9. Does your child get along with other children? ___ yes ___ no
10. How would you describe your child's general behavior or personality? _____
11. Does your child wear glasses? ___yes ___no Does your child have difficulty hearing? ___yes ___no
12. Does your child have allergies? ___yes ___no if yes, specify the type of allergies _____
13. Does your child require an Epi-pen (epinephrine auto-injection) in case of anaphylaxis? ___yes ___no
14. Did your child ever have seizures, convulsions or "spells"? ___yes ___no is your child a diabetic? ___yes ___no
15. Is your child under a physician's care for an acute or chronic disease or illness? ___yes ___no if "yes", describe condition on Back of this form.
16. Is your child on medication? ___yes ___no If "yes", what is the medication? _____
17. Should child be prohibited from any activity? ___yes ___no Type of activity? _____
18. Please list a brief medical history (pre-school illnesses, operations, speech or birth defects, accidents or other important data) on the back of this sheet.
19. Does your child eat breakfast? ___yes ___no Lunch? ___yes ___no
20. Does your child know and is he/she able to tell:
His/her first and last name ___yes ___no His/her street address ___yes ___no His/her parent's name ___yes ___no
His/her telephone number ___yes ___no His/her unlisted telephone number ___yes ___no
21. Is your child ___right handed? ___left handed? ___ambidextrous Can he print his/her name? ___yes ___no
22. Does he recognize colors? ___yes ___no shapes? ___yes ___no numbers? ___yes ___no letters? ___yes ___no
23. Can your child use crayons? ___yes ___no scissors? ___yes ___no paste? ___yes ___no aint? ___yes ___no

Child's Name _____ D.O.B. _____

Child Outreach is a developmental screening system designed to screen all 3-5 year olds annually prior to kindergarten entry. Children are screened in the areas of vision, hearing, general development, speech/language, and social/emotional development. Child Outreach is an important first step in the identification of children who may require further evaluation or intervention. Accordingly, the North Providence School Department conducts a Child Outreach screening program. Parents will receive a summary of Child Outreach screening results by mail. All personal information and screening results collected during the screening process are treated in strictest confidence.

The Department of Education is responsible for the general supervision of the Child Outreach Screening Program. The Department of Health maintains the KIDSNET data system, which hosts Child Outreach data on behalf of Rhode Island public school systems. KIDSNET, a secure database, also includes children's vaccinations, lead screenings, preventive health services, and other developmental screenings. The information in KIDSNET can be used to coordinate care, assure that preventive health services are provided, and identify children who may need medical and/or developmental support. No personal information or screening results however will be released without your written consent to anyone other than early childhood personnel in the public school district in which you reside and the Rhode Island Department of Elementary and Secondary Education and the Rhode Island Department of Health for regulatory purposes.

1. I have read the above statements and give permission for my child to be screened by the North Providence School Department's Child Outreach program and for the results and recommendations of the screening, including any necessary special education referral and eligibility determination, to be included in the Child Outreach database within KIDSNET.

Parent/Guardian Signature _____ Date _____

2. I have read the above statements and give Child Outreach and the Department of Health/KIDSNET permission to share the results and recommendations of my child's screening, including any necessary special education referral and eligibility determination, with his/her primary care provider (doctor) for the purposes of coordinating care, assuring the provision of preventative health services and identifying children who may need medical and/or developmental support.

Parent/Guardian Signature _____ Date _____

Doctor: _____ Office/Practice Name: _____
Address: _____

3. I have read the above statements and give Child Outreach and the Department of Health/KIDSNET permission to share the results and recommendations of my child's screening, including any necessary special education referral and eligibility determination, with his/her preschool/childcare program for the purposes of educational planning.

Parent/Guardian Signature _____ Date _____

Name of Preschool/Childcare Program: _____
Address: _____

Consent in effect from September 2016 - September 2017

Form updated May 2016

You have the right to revoke consent at any time by contacting your local school district. You also have the right to inspect your child's education records and to request that KIDSNET correct any information which you believe is inaccurate.

The RI Special Education Procedural Safeguards Notice Model Form, which explains parents' rights under Part B of the Individuals with Disabilities Education Act, can be found at <http://www.ride.ri.gov/Portals/0/Uploads/Documents/Students-and-Families-Great-Schools/Special-Education/Special-Education-Regulations/RI-Special-Education-Procedural-Safeguards-Notice-Model-Form.pdf>

If you have any questions about parental rights, including consent to screen, please contact RIDE's Special Education Call Center at 401-222-8999.

Complete one application per household. Please use a pen (not a pencil).

STEP 1 **Is All Household Members who are Parents, Children, and Students who are currently enrolled in an educational program?** (All minor spaces are required for additional names. Attach and hold a sheet of paper.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name

MI Child's Last Name

School

Grade

Student? Yes No

Foster Care? Yes No

Child's First Name	MI Child's Last Name	School	Grade	Student? Yes No	Foster Care? Yes No

STEP 2

Do any household members (including you) currently participate in one or more of the following federal/state programs: SNAP, TANF, or EDPIC?

IF NO > Go to STEP 3. IF YES > Write a case number here then go to STEP 4. (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income \$ _____

How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (Including Yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	How often?			Pensions/Retirement/ All Other Income	How often?			Total Household Members (Children and Adults)
		Weekly	Bi-Weekly	2x Month		Monthly	Weekly	Bi-Weekly		2x Month	Monthly	Weekly	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X

Check if no SSN:

STEP 4 Contact Information and Adult Signature. Mail Completed Form to: Central Springs, Avenue North, Providence, RI 02611.

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available): _____ Apt # _____ City _____ State _____ Zip _____

Printed name of adult signing the form: _____

Signature of adult: _____

Daytime Phone and Email (optional): _____

Today's date: _____

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL: Children's Race and Ethnicity

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Race Hispanic or Latino Not Hispanic or Latino
 American Indian or Alaskan Native Asian

Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Sources of Income for Adults
<p>Earnings from Work</p> <ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net Income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing
<p>Public Assistance / Alimony / Child Support</p> <ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits
<p>Pensions / Retirement / All Other Income</p> <ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442; or
 email: program.intake@usda.gov

This institution is an equal opportunity provider. Further, the Rhode Island Department of Education does not discriminate on the basis of age, sex, sexual orientation, gender identity/expression, race, color, religion, national origin or disability. To file a complaint of discrimination with the State of Rhode Island, write to the Rhode Island Department of Education, Office of Equality and Access, 255 Westmaster Street, Providence RI 02903 or call (401) 222-8979.

OPTIONAL: Household Income

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often?
 Weekly
 Bi-weekly
 2x Month
 Monthly

Household Size

Determining Official's Signature

Date

Confirming Official's Signature

Categorical Eligibility

Date

Eligibility:

Free Reduced Denied

Verifying Official's Signature

Date

NORTH PROVIDENCE SCHOOL DEPARTMENT
SCHOOL CALENDAR 2019-2020

	M	T	W	T	F		M	T	W	T	F	
Days												Days
	<u>September, 2019</u>						<u>February, 2020</u>					
18	2	3	4	5	6		3	4	5	6	7	18
	9	10	11	12	13		10	11	12	13	14	
	16	17	18	19	20		17	18	19	20	21	
	23	24	25	26	27		24	25	26	27	28	
	30											
	<u>October, 2019</u>						<u>March, 2020</u>					
22		1	2	3	4		2	3	4	5	6	22
	7	8	9	10	11		9	10	11	12	13	
	14	15	16	17	18		16	17	18	19	20	
	21	22	23	24	25		23	24	25	26	27	
	28	29	30	31			30	31				
	<u>November, 2019</u>						<u>April, 2020</u>					
18					1				1	2	3	16
	4	5	6	7	8		6	7	8	9	10	
	11	12	13	14	15		13	14	15	16	17	
	18	19	20	21	22		20	21	22	23	24	
	25	26	27	28	29		27	28	29	30		
	<u>December, 2019</u>						<u>May, 2020</u>					
15	2	3	4	5	6						1	20
	9	10	11	12	13		4	5	6	7	8	
	16	17	18	19	20		11	12	13	14	15	
	23	24	25	26	27		18	19	20	21	22	
	30	31					25	26	27	28	29	
	<u>January, 2020</u>						<u>June, 2020</u>					
21			1	2	3							10
	6	7	8	9	10		1	2	3	4	5	
	13	14	15	16	17		8	9	10	11	12	
	20	21	22	23	24		15	16	17	18	19	
	27	28	29	30	31		22	23	24	25	26	
							29	30				
Days	94											Days

- *****
- Sept. 2nd Labor Day- No School
 - September 3rd Teacher Orientation
 - September 4th Professional Development
 - September 5th First Day of School- Grades K-9
 - September 6th First Day of School- Grades 10-12
 - Oct. 14th Columbus Day- No School
 - Nov. 11th Veterans Day- No School
 - Nov. 28th - 29th Thanksgiving Recess- No School
 - Dec. 23rd - Jan. 1st Holiday Recess- No School
 - Jan. 20th Martin Luther King, Jr. Day- No School
 - Feb. 17th and 18th Winter Recess- No School
 - April 10th Good Friday- No School
 - April 13-17 Spring Recess- No School
 - May 25th Memorial Day- No School
 - June 12th or 18th Last Day of School

Secondary Quarterly Reporting Periods

First Quarter

September 5, 2019 - November 7, 2019 45

Second Quarter

November 8, 2019 - January 23, 2020 43

Third Quarter

January 24, 2020 - March 31, 2020 46

Fourth Quarter

April 1, 2020 - June 12, 2020 46

180
Days

Secondary Report Cards (Gr. 6-12):

November 13, 2019

January 29, 2020

April 9, 2020

June 12, 2020 (Or Last Day)

Progress Reports:

September 30, 2019

December 9, 2019

February 24, 2020

May 11, 2020

Graduation:

June 10, 2020

Elementary Trimester Reporting Periods

First Trimester

September 4, 2019 - December 10, 2019 64

Second Trimester

December 11, 2019 - March 11, 2020 56

Third Trimester

March 12, 2020 - June 12, 2020 60

180
Days

Elementary Report Cards (K-5):

December 16, 2019

March 16, 2020

June 12, 2020 (Or Last Day)

Progress Reports:

October 7, 2019

January 27, 2020

April 26, 2020