

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*
Lisa Casinelli, *Finance Director*
Cynthia VanAvery, M.Ed., *Director of Student Services*
Matthew Hicks, *Director of Human Resources*
David McNally, *Data Director*

SCHOOL COMMITTEE
Frank Pallotta, Ed.D. *Chair*
Roderick E. DaSilva, *Vice Chair*
Steven M. Andreozzi
Arthur Corsini
Anthony R. Marciano, Sr., Esq.
Gina M. Picard, M.Ed.
Charles F. Pollock, Jr.

Dear Parent / Guardian,

Listed below are the items required to complete **Kindergarten** registration:

1. Proof of residency

- Notarized Affidavit of Residency by parent/legal guardian
- Notarized Landlord Affidavit by management company/property owner
- Mortgage Statement/Lease Agreement or notarized letter from property owner
- Major utility bill
- Birth Certificate (original)
- Parent/Guardian ID

2. Written proof of physical exam and 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 MMR (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)

3. Montoux test (PPD) Tuberculosis- per the NP School Dept., the PPD is required only if entering from out of the country.

4. Evidence of a physical examination within the last twelve months before the start of school

5. Vision screening (may be done during physical examination)

Complete registrations are processed in person at the North Providence School Department Administration Building at 2240 Mineral Spring Avenue.

The birth certificate and other original documents 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.



I Speak Statements

- | | |
|--|--|
| <input type="checkbox"/> Unë flas shqip (Albanian) | <input type="checkbox"/> N' a po Klào Win. (Kru) |
| <input type="checkbox"/> አማርኛ እናገራለሁ (Amharic) | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao) |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic) | <input type="checkbox"/> Yie gorngv Mienh waac. (Mien) |
| <input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian) | <input type="checkbox"/> म नेपाली बोल्छु (Nepali) |
| <input type="checkbox"/> আমি বাংলা ভাষী। (Bengali) | <input type="checkbox"/> Mówię po polsku . (Polish) |
| <input type="checkbox"/> Ja govorim bosanski jezik (Bosnian) | <input type="checkbox"/> Eu falo Português . (Portuguese) |
| <input type="checkbox"/> ကျွန်တော်မြန်မာစကားပြောသည်။ (Burmese) | <input type="checkbox"/> ਇ ਸ੍ਰਪਆਕ ਪੰਜਾਬੀ (Punjabi) |
| <input type="checkbox"/> 我说中文 (Chinese Simplified) | <input type="checkbox"/> Cunosc limba Română . (Romanian) |
| <input type="checkbox"/> 我說中文 (Chinese Traditional) | <input type="checkbox"/> Я говорю по-русски . (Russian) |
| <input type="checkbox"/> Ja govorim hrvatski . (Croatian) | <input type="checkbox"/> Ou te tautala faaSamoa . (Samoan) |
| <input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi) | <input type="checkbox"/> Govorim srpski . (Serbian) |
| <input type="checkbox"/> Je parle français . (French) | <input type="checkbox"/> Waxaan ku hadlaa Somali . (Somali) |
| <input type="checkbox"/> Je parle le Français haïtien (French Creole) | <input type="checkbox"/> Yo hablo español . (Spanish) |
| <input type="checkbox"/> Μιλάω ελληνικά . (Greek) | <input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese) |
| <input type="checkbox"/> ཨྲ རྒྱལ་ཁེལ་ ཡོད། རྩྭ་ (Gujarati) | <input type="checkbox"/> Marunong po akong magsalita ng Tagalog . (Tagalog) |
| <input type="checkbox"/> Mwen pale Kreyòl . (Haitian Creole) | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai) |
| <input type="checkbox"/> मैं हिंदी बोलता हूँ (Hindi) | <input type="checkbox"/> ኣኒ ትግርኛ ይዛረብ እየ. (Tigrinya) |
| <input type="checkbox"/> Kuv hais lus hmoob . (Hmong) | <input type="checkbox"/> Я розмовляю українською . (Ukrainian) |
| <input type="checkbox"/> Ana m a sụ Igbo (Igbo) | <input type="checkbox"/> میں اردو بولتا/ بولتی ہوں. (Urdu) |
| <input type="checkbox"/> Parlo Italiano (Italian) | <input type="checkbox"/> Tôi nói tiếng Việt . (Vietnamese) |
| <input type="checkbox"/> 私は日本語を話します (Japanese) | <input type="checkbox"/> איך רעד אידיש (Yiddish) |
| <input type="checkbox"/> Mi chat Jamiekan langwjjj (Jamaican Creole) | <input type="checkbox"/> Mo gbọ Yoruba (Yoruba) |
| <input type="checkbox"/> ykt ꠠꠞꠞꠞꠞ ꠠ (Karen) | |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer) | |
| <input type="checkbox"/> 본인의 모국어는 한국어입니다 (Korean) | |
| <input type="checkbox"/> نه ز زمانی کوردی ده ناخفم. (Kurdish) | |

**North Providence School Department
Specialized Services Section**

Student's Name: _____ Date of Birth: ____/____/____ Current Grade: _____

	YES	NO
Does your child presently have an <i>Individualized Education Program (IEP)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Are you providing a copy of your child's IEP?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child transferring from another district? ***If yes, please identify the district _____	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had a screening test with <i>Child Outreach</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a <i>Section 504 Plan</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child receive any other services not already mentioned? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
<p>**Should your child have an Individualized Education Program (IEP), please present that to the NPSD Registration Department at the time of registration. The Registration Department will notify the Special Education Office to address follow up questions, concerns, and placement.**</p> <p style="text-align: center;">Please refer to the North Providence Special Education webpage for additional information: https://www.npsdspecialled.org/</p>		



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:

☐ Mother ☐ Father ☐ 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?

☐ English ☐ Other

Specify

2. What is the language most often spoken by the student?

☐ English ☐ Other

Specify

3. What is the language that the student first acquired?

☐ English ☐ Other

Specify

4. What language(s) does your child understand?

☐ English ☐ Other

Specify

5. What language(s) does your child speak?

☐ English ☐ Other

☐ Does not speak

Specify

6. What language(s) does your child read?

☐ English ☐ Other

☐ Does not read

Specify

7. What language(s) does your child write?

☐ English ☐ Other

☐ Does not write

Specify

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

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

Family Interview – Educational History

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

Yes* No Not sure

☐ ☐ ☐ *If yes, please explain: _____

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

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

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

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

☐ No ☐ Yes – Type of services received: _____

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

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

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

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

☐ English ☐ Other

Specify

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

☐ English ☐ Other

Specify

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

(mm/dd/yyyy)

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

Month: _____ Day: _____ Year: _____

Signature of Parent or Guardian

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

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.

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

Date: _____

Student Name: _____ **DOB:** _____

Previous School Name: _____

City / Town: _____ **State:** _____

Phone Number: _____ **Fax Number:** _____

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.

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

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.

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**

North Providence High School
Phone: 401-233-1150 Fax: 401-349-3320

Birchwood Middle School
Phone: 401-233-1120 Fax: 401-353-6903
Ricci Middle School
Phone: 401-233-1170 Fax: 401-232-5421

Whelan Elementary
Phone: 401-233-1180 Fax: 401-353-1465
Centredale Elementary
Phone: 401-233-1145 Fax: 401-232-5279
Stephen Olney Elementary
Phone: 401-233-1160 Fax: 401-349-3656
McGuire Elementary
Phone: 401-233-1135, Fax: 401-228-8991
Greystone Elementary
Phone: 401-233-1130, Fax: 401-232-5403

North Providence School Department
Student Registration Form
Please complete one Student Registration Form for each child to be enrolled

(Please print on the line)

Student Information:

Date: _____

Last Name	First Name	MI	Preferred Name	Age
Entering Grade	M/F Gender	/ / Date of Birth	/ / US Entry Date	Birth Place
				IEP OR 504 (CHOOSE)

Current Address:

Street: _____ APT#: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____

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

Cell Phone #: _____ Relationship: _____ Cell Phone #: _____ Relationship: _____

Email: _____ Email: _____

****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

☐ Black or African American

☐ Yes Hispanic/Latino

☐ American Indian or Alaska Native

☐ Two or More Races

☐ Asian Region of Asia _____

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: _____

Signature of Parent/Legal Guardian _____ Date: _____

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:

Address	Unit #	City	State	Zip
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Internet Access @ home Y / N

Military Family? Y / N

Are there any NO contact orders/custody issues? Y / N

Are both parents in household? Y / N

(Contact 1)

Relationship Status	Date of Birth	Last	First	Marital
---------------------	---------------	------	-------	---------

	(H/C/W)	(H/C/W)	(H/C/W)
--	---------	---------	---------

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 Marital Status
--------------	---------------	------	-------	----------------------------

	(H/C/W)	(H/C/W)	(H/C/W)
--	---------	---------	---------

M / F	Gender	Language	Preferred Phone #	Second Phone #	Third Phone #
-------	--------	----------	-------------------	----------------	---------------

Address _____

Email Address _____

Employer Name: _____ Work # _____ EXT _____

Military: YES / NO Active: YES / NO Branch of Service: _____

(Contact 3)

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

	(H/C/W)	(H/C/W)
--	---------	---------

Relationship	DOB	Last	First	Preferred Phone #	Second Phone #
--------------	-----	------	-------	-------------------	----------------

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.

Last _____ First _____ MI _____ DOB _____ School _____ Grade _____

Last _____ First _____ MI _____ DOB _____ School _____ Grade _____

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

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North Providence School Department Media/Information Release Form 2023/ 2024

Dear Parents/Guardians:

Please complete the form below and return.

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 record 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 the student listed below.

☐ I give permission for my child to be photographed, recorded, videotaped and interviewed by the media & educators in educational or school situations. To be utilized on School/District Social Media Accounts.

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

I hereby grant the North Providence School Department official permission to disclose my child's demographical information to the person(s)/organization/agency listed below. I understand that this form authorizes the North Providence School Department official permission to disclose personally identifiable information from my educational record to this third party and I release this individual from any liability for acting in accordance with this.

Unites States Military

☐ I do not give permission

Higher Education

☐ I give permission

☐ I do not give permission

Public

☐ I give permission

☐ I do not give permission

District

☐ I give permission

☐ I do not give permission

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 _____

RESIDENCY

Residency verification is required for all registrations and address changes/ updates.

****Every parent/ guardian MUST fill out and have notarized the Affidavit of Residency by Parent regardless of their living situation.**

In addition to the Affidavit of Residency by Parent, please fill out the following based on your residency:

IF YOU OWN YOUR RESIDENCE

- Mortgage statement
- A major utility bill
-

IF YOU RENT YOUR RESIDENCE

- Notarized affidavit of residency by landlord or owner of the property
- Lease or notarized letter from your landlord (owner of the property) with the parent's name, student's name, student's date of birth and address stating that you live there
- A major utility bill

If utilities are included in your rent, it must be stated in the lease or written notarized letter from the Landlord (owner of the property).

IF YOU LIVE WITH A FAMILY MEMBER WHO OWNS

- Notarized affidavit of residency by landlord (family member and owner of the property)
- A notarized letter from family member who owns the property with the parent's name, student's name, student's date of birth, address stating that you live there
- Owner/family member must provide their mortgage statement and a major utility bill.
- A major utility bill
- A Change-of-Address confirmation from the U.S. Postal Service or a piece of U.S. mail (credit card or bank statement, phone bill, etc.) addressed to parent at current address

IF YOU LIVE WITH A FAMILY MEMBER WHO RENTS

- A Notarized affidavit of residency by landlord (family member/ owner of the property)
- Lease Agreement (family member/ owner of property)
- A Notarized letter from the landlord with the parent's name, student's name, student's date of birth, address stating that you are residing there
- A major utility bill
- A Change-of-Address confirmation from the U.S. Postal Service or a piece of U.S. mail (credit card or bank statement, phone bill, etc.) addressed to parent at current address

Affidavits by other parties are not accepted

The North Providence School Department does not discriminate on the basis of race, color, religion, ancestral origin, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, genetic information, or any other characteristic protected by law. Individuals with disabilities may contact the Superintendent's office to request reasonable accommodation to participate in a program or activity sponsored by the North Providence School Department.

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.

Affidavits by other parties are not accepted

Residency Affidavit – 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
Parent/Guardian or Student over 18
_____, leases property as the primary residence from me, in a tenancy at will from
Student Name _____ 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: _____

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)

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.

**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 the 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 form.
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 paint? ____ yes/no

North Providence School Department
Child Outreach Screening - Parental Consent
401-349-4732

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 August 2021 - September 2022

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.

Form updated February 2021

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*
Lisa Casinelli, *Finance Director*
Cynthia VanAvery, M.Ed., *Director of Student Services*
Matthew Hicks, *Director of Human Resources*
David McNally, *Data Director*

SCHOOL COMMITTEE
Frank Pallotta, Ed.D. *Chair*
Roderick E. DaSilva, *Vice Chair*
Steven M. Andreozzi
Arthur Corsini
Anthony R. Marciano, Sr., Esq.
Gina M. Picard, M.Ed.
Charles Pollock, Jr.

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

The North Providence School Department does not discriminate on the basis of race, color, religion, ancestral origin, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, genetic information, or any other characteristic protected by law. Individuals with disabilities may contact the Superintendent's office to request reasonable accommodation to participate in a program or activity sponsored by the North Providence School Department.

ANNUAL HEALTH HISTORY UP-DATE

PLEASE NOTE: The information on this form will be used to up-date your child's health records.

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.

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