

Welcome to North Providence Public Schools



1820 Mineral Spring Avenue

North Providence, RI 02904

401-233-1100

Registration Packet



NORTH PROVIDENCE PUBLIC SCHOOLS

1820 Mineral Spring Avenue, North Providence, RI 02904

401.233.1100 | TDD: 800.745.6575 | FAX: 401.349.5777

ADMINISTRATION

Joseph B. Goho, *Superintendent*

Louise K. Seitsinger, M.Ed., *Assistant Superintendent*

Lisa Casinelli, *Finance Director*

Cynthia VanAvery, M.Ed., *Student Services Director*

Matthew Hicks, *Human Resources Director*

David McNally, *Data Director*

SCHOOL COMMITTEE

Dr. Frank Pallotta, *Chair*

Roderick E. DaSilva, *Vice Chair*

Arthur Corsini

Kristi Mangiocca

Anthony Marioenzi, Jr.

Thomas Norato

Gina M. Picard, M.Ed.

Welcome to North Providence Public Schools! Listed below are the items required to complete a student registration:

1. **Proof of residency** ALL documents are required.

- Notarized Affidavit of Residency by parent/ legal guardian (Renters and Homeowners) *see attached*
- Notarized Landlord Affidavit by management company/property owner (For Renters only) *see attached*
- Mortgage Statement (Homeowners) or Lease Agreement (Renters)
- Major utility bill (Homeowners and Renters)

Please refer to Residency page for more details.

2. **Proof of Identification**

- Birth Certificate (original)
- Parent/Guardian ID

3. **Written proof of physical exam and the following immunizations:**

- 5 doses of DTP/DTaP (diphtheria, tetanus, pertussis) vaccine (4 doses if last dose given after 4th birthday)
- 4 doses Polio vaccine (3 doses if last dose given after 4th birthday)
- 2 doses MMR (measles, mumps, rubella) vaccine
- 3 doses Hepatitis B vaccine
- 2 doses Varicella (chickenpox) vaccine (or a note signed by your child's doctor stating that the child has had chickenpox disease)

4. **Monteux test (PPD) Tuberculosis** Per NP Public Schools, the PPD is required only if entering from out of the country.

5. **A Physical Examination** within the last twelve months before the start of school must be presented.

6. **Vision screening** (may be done during physical examination)

7. **Lead screening test** (Kindergarten students only)

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 school record.

Kindergarten Registrations: Children must be 5 years old on or prior to September 1st in order to register for the school year.

All registrations are processed in person at our main office. **We cannot accept incomplete registrations. Faxed, mailed or emailed registrations are also not accepted.**

North Providence Public Schools 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 accommodations to participate in a program or activity sponsored by North Providence Public Schools.



- 3

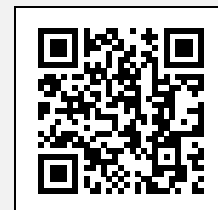


Specialized Services Form

Student Information		
Last Name	First Name	Date of Birth
<hr/>	<hr/>	<hr/>
		(mm/dd/yyyy)
Current Grade		
<hr/>		

Special Services		
Does your child presently have an Individualized Education Program (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you providing a copy of your child's IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is your child transferring from another district? If yes, which district? * <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/>
Has your child had a screening test with Child Outreach? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child have a Section 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child receive any other services not already mentioned? If yes, please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> <hr/>		

* Should your child have an Individualized Education Program (IEP) or a 504 plan, 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. Please refer to the North Providence Special Education webpage for additional information at <https://www.npsdspecialled.org> or scan this bar code using your tablet or smart phone.





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

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

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 PUBLIC SCHOOLS**

1820 Mineral Spring Avenue, North Providence, RI 02904

401.233.1100 | TDD: 800.745.6575 | FAX: 401.349.5777

Release of Records Form**Student Information**

Last Name	First Name	Date of Birth
<hr/>	<hr/>	<hr/>
		(mm/dd/yyyy)

Previous School Information

Previous School Name	City/Town	State
<hr/>	<hr/>	<hr/>
Phone Number	Fax Number	
<hr/>	<hr/>	
(xxx) xxx-xxxx	(xxx) xxx-xxxx	

Parent/Guardian Section

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 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 the school listed above release the records of the above-named student to the North Providence School Department.

Parent/Guardian Signature	Date
<hr/>	<hr/>
	(mm/dd/yyyy)

Attention of Previous School Administrative Staff

Dear Sir or Madam,

The above-mentioned student has recently registered with the North Providence School Department. Please accept this form as a letter of request that all academic, attendance, discipline, and health records be forwarded to the indicated address or fax below. Thank you for your immediate attention to this request.

<input type="checkbox"/> Central Office North Providence School Department Attn: Central Registration 1820 Mineral Spring Ave. North Providence, RI 02911 Phone: 401-233-1150 Ext 3719 Fax: 401-349-5777	<input type="checkbox"/> North Providence High School Phone: 401-233-1150 Fax: 401-349-3320 <input type="checkbox"/> Birchwood Middle School Phone: 401-233-1120 Fax: 401-353-6903 <input type="checkbox"/> Ricci Middle School Phone: 401-233-1170 Fax: 401-232-5421 <input type="checkbox"/> Whelan Elementary Phone: 401-233-1180 Fax: 401-353-1465	<input type="checkbox"/> Stephen Olney Elementary Phone: 401-233-1160 Fax: 401-349-3656 <input type="checkbox"/> Centredale Elementary Phone: 401-233-1145 Fax: 401-232-5279 <input type="checkbox"/> McGuire Elementary Phone: 401-233-1135 Fax: 401-228-8991 <input type="checkbox"/> Greystone Elementary Phone: 401-233-1130 Fax: 401-232-5403
--	---	---



NORTH PROVIDENCE PUBLIC SCHOOLS
1820 Mineral Spring Avenue, North Providence, RI 02904
401.233.1100 | TDD: 800.745.6575 | FAX: 401.349.5777

Student Registration/ Emergency Form

*** Items are required**

Student Information			Grade _____
First Name *	Last Name *	Middle Initial	Gender *
_____	_____	_____	_____
Preferred Name	Date of Birth *	Birth Place *	U.S. Entry Date
_____	_____	_____	_____
	mm/dd/yyyy	City, Country	If from another country, mm/dd/yyyy

Household Information			
With whom does the student reside?	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other** _____ (*If student resides with someone other than parents, please provide name, relationship and court documentation of guardianship)		
Military Family? <input type="checkbox"/> No <input type="checkbox"/> Yes (Branch?) _____	Internet access at home? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Custody issues or "no contact" orders? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain _____			
Please list additional children in the household who attend a NP school or who will eventually enter a NP school.			
Full Name	Date of Birth	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Use the back of this form for additional space ☐ More listed on back

Parent / Guardian Information				
	Parent / Guardian 1		Parent / Guardian 2	
Name */DOB*	_____		_____	
Relationship*	_____		_____	
Address*	_____		_____	
Marital Status	_____		_____	
Phone 1* / Phone 2	<input type="checkbox"/> Cell _____	<input type="checkbox"/> Cell _____	<input type="checkbox"/> Cell _____	<input type="checkbox"/> Cell _____
Email Address*	_____		_____	
Primary Language	_____		_____	

Emergency Contact Information			
List contacts in order of preference if parents cannot be reached. Use the back of this form for additional space <input type="checkbox"/> More listed on back			
	Contact 1	Contact 2	Contact 3
Name*	_____	_____	_____
Date of Birth	_____	_____	_____
Relationship	_____	_____	_____
Phone 1* / Phone 2	_____	_____	_____
Primary Language	_____	_____	_____
Allowed to pick up	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Ethnic Background	
In order to identify students correctly (as mandated by federal and state law), please choose 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. Note: Per State of RI guidelines, if "Yes Hispanic/ Latino" is chosen, you MUST also choose a race.	
Are you Hispanic or Latino? (choose only one) *	What is your race? (choose all that apply) *
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Yes Hispanic/Latino	<input type="checkbox"/> American Indian
<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Asian Region of Asia? _____
Country of Family Background? _____	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> White

Parent/Guardian Signature *	Date *
_____	_____



Media Release Form

School Year ____/____

Student Information

First Name

Last Name

Student Grade/Teacher

Media Information Release

Dear Parent/Guardian:

Please review and complete the form below and return.

I understand on occasion print photographers and TV camera people may be in the school to photograph/film news stories and talk to students regarding events at schools or schools in general. NPSD may also photograph and/or record video for educational purposes. Likewise, teachers and administrators may use phones and other devices to post photographs and/or video 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 gains.

Please indicate your rejection or permission for such to take place in regard to the student listed above.

☐ YES ☐ NO

I give permission for my child to be photographed, recorded, videotaped and interviewed by the media & educators in an educational or school related situation. This may be utilized on school/district social media accounts.

Release of Additional Information

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

☐ NO

United States Military (According to the No Child Left Behind Act of 2001 and the Floyd D. Spence National Defense Authorization Act for Fiscal Year 2001, this will automatically be **YES** unless you check "No" and also submit a separate written letter to your school specifically requesting to be opted out of sharing information with the military along with this form). If no letter of request is submitted, we must maintain a "Yes" answer.

☐ YES ☐ NO

Higher Education

☐ YES ☐ NO

Public

☐ YES ☐ NO

District

Parent/Guardian Signature

Parent/Guardian Signature _____ Date _____
mm/dd/yyyy



NORTH PROVIDENCE PUBLIC SCHOOLS

1820 Mineral Spring Avenue, North Providence, RI 02904

401.233.1100 | TDD: 800.745.6575 | FAX: 401.349.5777

RESIDENCY

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

Affidavits are included in this packet.

IF YOU OWN YOUR RESIDENCE

- A notarized Affidavit of Residency by Parent and
- A mortgage statement dated within 60 days and
- A major utility bill dated within 60 days (gas, electricity, water, sewer or cable)

Every document listed is required. No substitutions.

IF YOU RENT YOUR RESIDENCE

- A notarized Affidavit of Residency by Parent and
 - A notarized Affidavit of Residency by Landlord/ Owner of the property and
 - A signed lease agreement or notarized letter from the landlord and
 - A major utility bill dated within 60 days (gas, electricity, water, sewer or cable)
- If utilities are included in your rent, it must be stated in the lease or notarized letter*

Every document listed is required. No substitutions.

IF YOU LIVE WITH A FAMILY MEMBER WHO OWNS

- A notarized Affidavit of Residency by Parent and
- A notarized Residency Affidavit by Landlord/ Owner of the property (With family member acting as landlord) and
- A notarized letter from the family member with the parent's name, student's name, student's date of birth, and address stating that they live there and
- A mortgage statement dated within 60 days and
- A major utility bill dated within 60 days (gas, electricity, water, sewer or cable) and
- A change-of-address confirmation from the U.S. Postal Service or one piece of U.S. mail (credit card, bank statement, phone bill, etc.) addressed to the parent at current address

Every document listed is required. No substitutions.

IF YOU LIVE WITH A FAMILY MEMBER WHO RENTS

- A notarized Affidavit of Residency by Parent and
- A notarized Residency Affidavit by Landlord/ Owner of the property (Must be completed by family member who rents the residence and the landlord) and
- A signed lease agreement (family member/ landlord) and
- 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 and
- A major utility bill dated within 60 days (gas, electricity, water, sewer or cable) and
- A change-of-address confirmation from the U.S. Postal Service or a piece of U.S. mail (credit card, bank statement, phone bill, etc.) addressed to parent at current address

Every document listed is required. No substitutions.

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 – Parent/ Guardian

Student Information

Last Name	First Name	Date of Birth
_____	_____	_____ (mm/dd/yyyy)

Affidavit

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/Guardian Section

Parent/Guardian Signature	Date
_____	_____ (mm/dd/yyyy)

Oath Notary

State of Rhode Island	County Of _____
In _____ <i>city/ town</i>	
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
_____	_____ (mm/dd/yyyy)

(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

Stamp



Affidavit of Residency – Landlord/Shared Tenancies/Owner

Parent/Guardian Section

Parent

I, _____, as the applicant submitting this Residency/Landlord Affidavit, swear, under pains and penalties of perjury, that the information below is accurate and I understand that the information contained in this legal affidavit is subject to verification by a residency investigator.

Print Parent Name	Print Parent Address	Telephone Number
_____	_____	_____
		(xxx) xxx-xxxx
Parent/Guardian Signature		Date
_____		_____
		(mm/dd/yyyy)

Landlord/Owner Section

My name is _____ and I hereby depose and certify as follows:

1. I am the owner or landlord or management company representative of property located at:

(Address where parent lives)

2. _____ resides with student _____ at this address.

(Parent/Guardian or Student over 18)

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/ Representative name	Landlord address	Telephone number
_____	_____	_____
		(xxx) xxx-xxxx
Landlord/ Representative signature		Date
_____		_____
		(mm/dd/yyyy)

Oath Notary

State Of Rhode Island County Of _____

city/town

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.

(mm/dd/yyyy)

Stamp

Affidavits by other parties are not accepted



Kindergarten Questionnaire **(Kindergarten Students Only)**

Student Information			
First Name _____	Last Name _____	Date of Birth _____ (mm/dd/yyyy)	Gender _____ <i>Must match birth certificate</i>
Screening Questions			
Where there any delays in developmental milestones? (sitting, crawling, walking, talking, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is your child completely toilet trained?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Has your child been trained to wash his/her hands as necessary?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child blow his/her nose without help when needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Has your child attended childcare/preschool?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Where? _____ How long? _____	
Did your child attend child outreach?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of screening? _____	
Can your child put on a coat/sweater?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Can your child use a zipper?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Can your child tie/buckle a shoe?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child have brothers?	<input type="checkbox"/> YES <input type="checkbox"/> NO	# Older? ____	# Younger? ____
Does your child have sisters?	<input type="checkbox"/> YES <input type="checkbox"/> NO	# Older? ____	# Younger? ____
Does your child seem to get along with other children?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child wear glasses?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child have difficulty hearing?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child usually eat breakfast?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child usually eat lunch?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child know and is he/she able to tell his/her...			
first and last name?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
phone number?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
home address?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
parent's name?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child recognize ...			
colors?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
shapes?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
numbers?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
letters?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child know how to use ...			
Crayons?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Scissors?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Paste?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Paint?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Should child be prohibited from any Activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Which Activity? _____	
Parent/Guardian Section			
Parent/Guardian Signature _____	Date _____ (mm/dd/yyyy)		



NORTH PROVIDENCE PUBLIC SCHOOLS

1820 Mineral Spring Avenue, North Providence, RI 02904

401.233.1100 | TDD: 800.745.6575 | FAX: 401.349.5777

Athletic Participation Form (High School students only)

Student Information

First Name	Last Name	Date of Birth	Previous High School
<hr/>	<hr/>	<hr/> (mm/dd/yyyy)	<hr/>

Former Participation

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

Sport	Grade 9			Grade 10		Grade 11		Grade 12	
	Fr	JV	Var	JV	Var	JV	Var	JV	Var
Baseball									
Basketball									
Cheerleading									
Cross Country									
Softball									
Football									
Golf									
Hockey									
Lacrosse									
Outdoor Track and Field									
Soccer									
Swimming									
Tennis									
Wrestling									
Volleyball									

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

Student Signature

Student Signature	Date
<hr/>	<hr/> (mm/dd/yyyy)

Parent/Guardian Signature

Parent/Guardian Signature	Date
<hr/>	<hr/> (mm/dd/yyyy)



NORTH PROVIDENCE PUBLIC SCHOOLS

1820 Mineral Spring Avenue, North Providence, RI 02904
401.233.1100 | TDD: 800.745.6575 | FAX: 401.349.5777

ADMINISTRATION

Joseph B. Goho, *Superintendent*
Louise K. Seitsinger, M.Ed., *Assistant Superintendent*
Lisa Casinelli, *Finance Director*
Cynthia VanAvery, M.Ed., *Student Services Director*
Matthew Hicks, *Human Resources Director*
David McNally, *Data Director*

SCHOOL COMMITTEE

Dr. Frank Pallotta, *Chair*
Roderick E. DaSilva, *Vice Chair*
Arthur Corsini
Kristi Mangiocca
Anthony Marioenzi, Jr.
Thomas Norato
Gina M. Picard, M.Ed.

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.

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 Public Schools



Annual Health History Update Form

Student Information		
Last Name	First Name	Date of Birth
<hr/>	<hr/>	<hr/> (mm/dd/yyyy)
Current Grade	Pediatrician Name	Dentist Name
<hr/>	<hr/>	<hr/>
Health Information		
If your child has a pre-existing diagnosis or condition, please indicate.	Allergies	Does your child require the use of an EpiPen?
<hr/>	<hr/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<hr/>	<hr/>	
<hr/>	<hr/>	
List Surgeries	List Serious Illness or Injuries	Health conditions that the Certified School Nurse Teacher needs to be aware of?
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
Please check if any of the following health problems exist below. If so, please explain.		
<hr/>		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Ear Infections [Left/Right/Both]
<input type="checkbox"/> Bone or Joint Disease	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Eczema
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Requires Glasses	<input type="checkbox"/> Dental Problems
<input type="checkbox"/> Seizures	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Menstrual Problems
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Throat Infections	
Please list any medications your child is taking and the reason why?		
Medication	Reason	
<hr/>	<hr/>	
<hr/>	<hr/>	
Parent/Guardian Section		
Parent/Guardian Signature	Date	
<hr/>	<hr/> (mm/dd/yyyy)	
Vision screening is done upon entry and in grades 1-5,7 & 9. Hearing tests are done in grades Pre-K, K & 1-3 and any new students. Dental screening is done for grades Pre-K through 5 and grade 7.		
Screenings are administered by trained professionals. If you elect not to have any screenings done at the school, satisfactory evidence must be provided to the school nurse stating that the same screening was done within the preceding 12 months by a health care provider.		



Medication Authorization Form

Student Information		
Last Name	First Name	Date of Birth
<hr/>	<hr/>	<hr/>
Grade	Teacher	(mm/dd/yyyy)
<hr/>	<hr/>	

Medication Authorization
The following medication will be dispensed by the School Nurse as deemed necessary:
<ul style="list-style-type: none">• Tylenol (Acetaminophen) weight appropriate dose• Motrin (Ibuprofen) weight appropriate dose• Tums 1-2 tabs• Cough Drops (middle and high school students <u>only</u>)
<p>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.</p>
<p>PLEASE NOTE: Your child will not receive any of the above medication until this completed Medication Authorization Form is on file.</p>

Allergies
Please list any allergies your child may have:
<hr/>
<hr/>
<hr/>

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.	
Parent/Guardian Signature	Date
<hr/>	<hr/>
	(mm/dd/yyyy)

SY 2025-2026 Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE
RETURN TO (School/District Name): NP Public Schools/ Mary Read
ADDRESS: 1820 Mineral Spring Avenue, N. Providence, RI 02904

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<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"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

☐ NO → Go to STEP 3. ☐ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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 Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2x/Month	Monthly	Annual		Weekly	Every 2 Weeks	2x/Month	Monthly		Weekly	Every 2 Weeks	2x/Month	Monthly
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income
Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income

How often received?

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 (confirm) 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."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date			
Mailing Address (if available)	City	State	Zip	Phone (optional)	Email (optional)

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work <ul style="list-style-type: none">Salary, wages, cash bonuses, tips, commissionsNet income from self-employment (farm or business)If you are in the U.S. Military:<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	Public Assistance/Alimony/Child Support <ul style="list-style-type: none">Unemployment benefitsWorkers' compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeterans benefitsStrike benefits	Pensions/Retirement/All other sources of income <ul style="list-style-type: none">Social Security/Disability (including railroad retirement and black lung benefits)Private Pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wagesA child is blind or disabled and receives Social Security benefitsA parent is disabled, retired, or deceased, and their child receives Social Security benefitsA friend or extended family member regularly gives a child spending moneyA child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly $\times 52$, Every 2 Weeks $\times 26$, Twice a Month $\times 24$, Monthly $\times 12$. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility <input type="checkbox"/>	Eligibility		
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual			Free	Reduced	Denied
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date					

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.