



Lincoln Public Schools Registration Checklist

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

- _____ REGISTRATION FORM COMPLETED
- _____ COPY OF PARENT PHOTO IDENTIFICATION (I.E., LICENSE/PASSPORT)
- _____ COPY OF CHILD'S BIRTH CERTIFICATE/PASSPORT
- _____ PROOF OF RESIDENCY
- _____ NOTARIZED AFFIDAVIT FROM PARENT
- _____ NOTARIZED AFFIDAVIT FROM LANDLORD (IF APPLICABLE)
- _____ HOME LANGUAGE SURVEY (Please make sure the Home Language Survey has ALL DATES filled in)
- _____ RECORDS RELEASE
- _____ STATE OF RHODE ISLAND PHYSICAL FORM COMPLETED AND SIGNED BY A PHYSICIAN WITH CURRENT IMMUNIZATIONS
- _____ HEALTH QUESTIONNAIRE
- _____ STUDENT RECORDS/TRANSCRIPTS/REPORT CARDS
- _____ LEGAL GUARDIANSHIP/CAREGIVER AFFIDAVIT DOCUMENTS (IF APPLICABLE)
- _____ LEGAL/PHYSICAL CUSTODY ORDERS/SEPARATION AGREEMENT (IF APPLICABLE)
- _____ SPECIAL EDUCATION: INDIVIDUAL EDUCATION PLAN/TESTING 504 PLAN (IF APPLICABLE)
- _____ INTERNATIONAL STUDENTS (COPY OF CHILD'S & PARENT'S PASSPORT & ANY VISA J, L, R, G)

PROOF OF RESIDENCY

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

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

***Notarized Affidavit(s)** required

Column A – (1)	Column B – (2)
<input type="checkbox"/> Most recent mortgage payment or copy of Mortgage Deed	~ Last 30 days & current address~
<input type="checkbox"/> Copy of Lease	<input type="checkbox"/> Utility Bill Statement <ul style="list-style-type: none"><input type="checkbox"/> Gas/Oil<input type="checkbox"/> Electric<input type="checkbox"/> Cable<input type="checkbox"/> Water
<input type="checkbox"/> Section 8 Housing Agreement	<input type="checkbox"/> Insurance Bill/Policy
	<input type="checkbox"/> Current Vehicle registration
	<input type="checkbox"/> Property Tax Bill (past year)
	<input type="checkbox"/> Vehicle Tax Bill (past year)
	<input type="checkbox"/> Fire Tax Bill (past year)
	<input type="checkbox"/> Bank Statement (last 30 days)
	<input type="checkbox"/> Payroll Stub (last 30 days)
	<input type="checkbox"/> Proof of SNAP/SSI (last 30 days)
	<input type="checkbox"/> W-2/Tax Return (past year)
	<input type="checkbox"/> Lincoln Voter Registration
	<input type="checkbox"/> Student Loan
	<input type="checkbox"/> Credit Card Statement

Date of Registration: _____

Date of Entry: _____

Town of Lincoln Public Schools District Registration

Please print clearly

Student's Legal Name: _____ Suffix: _____
(last) (first) (middle) (Jr, III, etc.)Gender: ☐ Male ☐ Female Student's Nickname: _____ Grade Entering: _____

Date of Birth: _____ Place of Birth: _____

Student's Current Address: _____Does the Student have an IEP or 504 Plan? ☐ IEP ☐ 504 Plan

Does the student presently receive English as a second language? _____

Race/Ethnicity (Please answer all):

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

1. Is your child Hispanic or Latino? ☐ Yes ☐ No2. What is your child's race? ☐ Alaska / Native American ☐ Asian ☐ Pacific Islander
☐ Black ☐ White

3. If your child is Southeast Asian, please check their country of origin or ethnic group:

☐ Brunei ☐ Burma (Myanmar) ☐ Cambodia ☐ Philippines ☐ Hmong ☐ Indonesia
☐ Laos ☐ Malaysia ☐ Thailand ☐ Timor-Leste ☐ Singapore ☐ Vietnam**Parent/Guardian Information:**

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

Household Information:

With whom does the student reside? ☐ Both Parents ☐ Mother* ☐ Father*

(*if divorced please provide legal documentation of custody agreement)

Who is the child's legal guardian**? _____

(**Please provide legal documentation if legal guardian is someone other than mother/father)

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

Name	Relationship to Student	Date of Birth

Has your child attended preschool? ☐ Yes ☐ No If yes, name of preschool: _____

Has your child ever attended Lincoln Public Schools before? ☐ Yes ☐ No

If yes, where: _____ When: _____

School Transferring from: _____

Address of previous school: _____ Phone: _____

Emergency Contact Information:

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

Name	_____	Relationship	_____
Primary phone	_____	2nd Phone	_____

Name	_____	Relationship	_____
Primary phone	_____	2nd Phone	_____

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

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

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

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

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

Signature of Person providing this information: _____

Print parent name: _____

Relationship to student: _____ Date: _____

JOINT LEGAL CUSTODY PARENT/GUARDIAN INFORMATION

Parents/Guardians who share joint legal custody both have the right to consult with school officials concerning the child(ren)'s welfare and educational status, and to inspect and receive student records. If you need to deny access to a parent/guardian you will need to fill out the PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT form below. .

Please fill out only if applicable

Parents/Guardians: please provide the school with copies of court orders related to restrictive custody to support compliance.

Name of parent with restricted custody: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Cell phone: _____

Home phone: _____

Place of employment: _____

Work phone: _____

There is a court order restricting access to the student or student's record dated and filed in the following court:

The court has determined this parent to have:

- ☐ Restrictive custody
☐ Denied periods of physical placement

Additional custody information:

To the best of my knowledge, the information provided is complete and accurate.

Parent/Guardian Signature: _____ Date: _____

RESIDENCY

Residency is required for all registrations

IF YOU OWN YOUR RESIDENCE

You must fill out the Affidavit of Residency by Parent and have it notarized. You must also provide a mortgage statement AND two proofs of residency (see registration packet checklist).

IF YOU RENT YOUR RESIDENCE

You must fill out the Affidavit of Residency by Parent and have it notarized.

Your landlord (owner of the property) must fill out the Affidavit of Residency by Landlord and have it notarized. You must also provide a lease or notarized letter from your landlord (owner of the property) with the parents' name, student's name, student's date of birth and address stating that you live there AND two proofs of residency (see registration packet checklist).

IF YOU LIVE WITH A FAMILY MEMBER/OTHER

You must fill out the Affidavit of Residency by Parent and have it notarized.

The homeowner must fill out the Affidavit of Residency by Landlord and have it notarized. The homeowner must provide their mortgage statement AND two proofs of residency (see registration packet checklist).

THE HOMEOWNER MUST PROVIDE A MORTGAGE STATEMENT AND TWO PROOFS OF RESIDENCY.

SEE AFFIDAVITS IN THIS PACKET

Lincoln Public Schools
135 Old River Road, PO Box 367
Lincoln, RI 02865

Student Name: _____

Affidavit of Residency by Parent/Guardian

Print Parent/Guardian Name

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 or guardian of _____ whom I have physical custody and possession.
2. I currently reside at _____, which is located in the Town of Lincoln, Rhode Island.
3. _____ actually resides and lives with me at said address.
4. I acknowledge that an attendance officer or School Department designee may visit for the purpose of verifying such residence.
5. I acknowledge that this Affidavit is being submitted under oath to the Lincoln School Department for the purpose of determining whether _____ is eligible to attend school in the Lincoln School system.
6. In support of this Affidavit, I have attached certain exhibits which are true, accurate and correct.
7. All the information contained herein is true and accurate.

Parent/Guardian Signature

State of Rhode Island
County of Providence

OATH NOTARY

In _____, on this _____ day of _____, 20____, before me
(City/Town)
personally appeared _____ and after reading the above Affidavit and
(Name of Parent/Guardian)
after first being placed under oath, did swear to the truth and accuracy of said Affidavit.

Signature of Notary Public

Notary Commission Expires

NOTICE: If you provide false information under oath you will be referred for prosecution for perjury. A person who is found guilty of perjury may receive up to twenty years in jail.

If you provide false information, the school district will commence in appropriate legal action to collect the value of educational services the student received. Such collection efforts will include attachment and levy of real estate, wages and personal property.

**Lincoln Public Schools
135 Old River Road, PO Box 367
Lincoln, RI 02865**

Affidavit of Residency by Landlord/Shared Tenancies/Owner

My name is _____ and I hereby depose and certify as follows:
(Landlord/Owner/Management Company of Residence)

Please complete all three items and sign below:

1. I am the owner/landlord/management company of property located at _____
(Address where parent lives)
2. _____, who is the parent or legal guardian of _____, leases
(Parent/Guardian or Student over 18) (Student Name)
property as their primary residence from me, in a tenancy at will, from month to month.
- 3 I hereby state that the party named above resides with me and/or at the address above.

Signed under the pains and penalties of perjury this _____ day of _____, 20____.

Landlord/owner/management company signature: _____

Print Name: _____

Print Address: _____

Telephone Number: _____

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

State of Rhode Island
County of Providence

OATH NOTARY

In _____, on this _____ day of _____, 20____, before me personally appeared
(City/Town)
_____ and after reading the above Affidavit and after first being placed under oath, did
(Homeowner's Name)
swear to the truth and accuracy of said Affidavit.

Signature of Notary Public

Notary Commission Expires

NOTICE: If you provide false information under oath you will be referred for prosecution for perjury. A person who is found guilty of perjury may receive up to twenty years in jail.

If you provide false information, the school district will commence in appropriate legal action to collect the value of educational services the student received. Such collection efforts will include attachment and levy of real estate, wages and personal property.



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?

☐
☐

– 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

Print Parent/Guardian Name

Month:

Day:

Year:

Date

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS

Name:

Position:

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW

Name:

Position:

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____

Oral Interview Necessary: ☐ YES ☐ NO

Date of Individual Interview:

Month Day Year

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING THE LANGUAGE SCREENING ASSESSMENT

Name:

Position:

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____

NAME/POSITION OF QUALIFIED PERSONNEL REPORTING THE LANGUAGE SCREENING SCORES

Name:

Position:

Date of Screener:

Month Day Year

Name of the Language Screening Assessment:

Score achieved:

Proficiency Level Achieved: Entering 1 ☐ / Beginning 2 ☐ / Developing 3 ☐ / Expanding 4 ☐ / Bridging 5 ☐ / Reaching 6 ☐

FOR STUDENTS WITH AN IEP OR 504 PLAN, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED:

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.

Lincoln Public Schools
Permission to Obtain Records

Please release the following student's records to the Lincoln Public Schools:

Student's Name: DOB:

Parent's Name:

Student Address: Phone #:

School District Student is transferring from:

School Name:

School Address:

Grade: School Phone #: School FAX #:

☐ All of the following or ☒ specific evaluations

<input type="checkbox"/> Reciprocal Communication	<input type="checkbox"/> Neurological Evaluation
<input type="checkbox"/> Clinical Psychological Evaluation	<input type="checkbox"/> Team Report
<input type="checkbox"/> Educational Evaluation	<input type="checkbox"/> Medical History from Doctor
<input type="checkbox"/> Classroom Observation	<input type="checkbox"/> Psychiatric Evaluation
<input type="checkbox"/> Hearing and Vision Test/Screening	<input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> IEP	<input type="checkbox"/> Report Card/Transcript
<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Social History
<input type="checkbox"/> Language Proficiency Test	<input type="checkbox"/> Therapy Evals. OT__ PT__ S/L__ APE__
<input type="checkbox"/> LD Documentation	<input type="checkbox"/> Teacher Questionnaire
<input type="checkbox"/> Other <input type="text"/>	

Reason for Request: Student Transferring to the Lincoln Public Schools, Lincoln, RI

Information released with this authorization will not be given, transferred, or in any way relayed to any other person(s) not specified above without additional authorization. This authorization expires and may be withdrawn at any time.

Signature: _____ Date:

(Circle one: parent /guardian /educational advocate)

Circle school you would like records sent to:

Central Elem. School
1081 Great Road
Lincoln, RI 02865
Fax: 401-334-4294
Tel: 401-334-2800

Lonsdale Elem. School
270 River Road
Lincoln, RI 02865
Fax: 401-722-0920
Tel: 401-725-4200

Northern Elem. School
315 New River Road
Manville, RI 02838
Fax: 401-765-0530
Tel: 401-769-0261

Saylesville Elem. School
50 Woodland Street
Lincoln, RI 02865
Fax: 401-722-1090
Tel: 401-723-5240

Lincoln Middle School
Attn: Guidance Office
152 Jenckes Hill Road
Lincoln, RI 02865
FAX: 401-721-3429

Lincoln High School
Attn: Guidance Office
135 Old River Road
Lincoln, RI 02865
FAX: 401-334-8753

Release Special Education:
Lincoln Public Schools
Administrative Offices
Attn: Student Services
PO Box 367
135 Old River Road
Lincoln, RI 02865
FAX: 401-726-1813

Student's Name: _____

DOB: _____

Grade: _____

STUDENT HEALTH SECTION

Physician's Name _____

Phone Number _____

IF YOU ANSWER YES TO ANY QUESTION, PLEASE EXPLAIN

1. Has your child ever had any operations or serious illnesses? Yes No

If yes, please explain: _____

2. Has your child had any serious accidents? Yes No

If yes, please explain: _____

3. Does your child wear eyeglasses, contacts, braces, hearing aids, or any other corrective device? Yes No

If yes, please explain: _____

4. Has your child had the following (Give month, year and/or age if known):

Chicken Pox	Yes	No	Heart Condition	Yes	No
Pneumonia	Yes	No	Diabetes	Yes	No
Nosebleeds	Yes	No	Seizures	Yes	No
Frequent sore throats	Yes	No	High Fevers	Yes	No
Ear Infections	Yes	No	Migraines	Yes	No
Eye Condition	Yes	No	Other (Please specify)	Yes	No

5. Has your child been screened by a Speech/Language Therapist? Yes No

If yes, where? _____

6. Has your child had a neurological evaluation? Yes No

If yes, when? _____

7. Has your child had a psychological evaluation? Yes No

If yes, when? _____

8. Is your child restricted from physical activities? Yes No

If yes, please explain: _____

9. Is your child allergic to: medicines/drugs? Yes No

If yes, please specify:

Is your child allergic to: plants/foods? Yes No

If yes, please specify:

Is your child allergic to: insect stings? Yes No

If yes, please specify:

10. If you answered yes to question #9, does your child take medication for this allergy? Yes No

If yes, please specify (i.e. Benadryl, Epi-Pen, etc.):

11. Does your child have asthma? Yes No

If yes, what was the date diagnosed?

If yes, what medication(s) does he/she take?

12. Does your child take any daily medications? Yes No

If yes, please specify:

13. Will medication be given at school? Yes No

If yes, please specify:

14. What medications are given frequently, but not daily?

15. Would you like a conference with the school nurse? Yes No

Parent Name (Please Print):

PARENT SIGNATURE: _____ DATE:



BUS TRANSPORTATION STUDENT DATA FORM

The information requested below will be used to update and or assign students in the Versa-Trans computerized routing system. This system enables us to provide you with timely and accurate information. Please fill out this form if bus transportation is requested.

(School secretary: please email this form immediately upon completion to First Student)

DATE:

PLEASE CIRCLE ONE: NEW STUDENT CHANGE DELETION

STUDENT ID:
LAST NAME:
FIRST NAME:
ADDRESS:
PARENT/GUARDIAN:
TELEPHONE #: ALTERNATE #:
SCHOOL: GRADE:

For First Student Bus Co. use only

BUS IN: STOP: TIME:
BUS OUT: STOP: TIME:

Dear Parents,

In an effort to keep all students with allergies safe as possible while in school, the Lincoln School Department will be following the Chartwells Food Allergy program as part of the USDA protocol. (see below)

The United States Department of Agriculture (USDA) mandates that school meal programs must accommodate all students with disabilities, which includes food allergies and medical conditions. To keep our students safe, Chartwells follows a comprehensive food allergy and medical conditions protocol. In order to follow the USDA's guidance and accommodate all students in the meal program, we need information for students with documents food allergies and medical conditions to ensure that we are providing a safe and nutritious meal.

Any students with a documented allergy will have their name and allergy information given to Chartwells; this information will be added to their computer program on a yearly basis. When your child swipes their card or enters their ID number, an alert will show on the computer with the allergen. This is one extra step to prevent a severe life-threatening allergic reaction in school.

If your child does not have an allergy, please disregard this notice. No further action is required.

If you have any questions please contact Ryan Xavier, Director of Dining Services, at 401-602-0200
Mail: Lincoln Public Schools, ATTN Chartwells K12, 135 Old River Rd. Lincoln, RI 02865
Email: Ryan.Xavier@compass-usa.com

Your Child's Name: _____ School: _____ Grade: _____

Choose one from the checklist below:

☐ Yes. Please include my child's food allergy information to Chartwells Allergy Protection Program. *Fill in the information below.*

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

Food Allergy: _____

Treatment: _____

Parent/Guardian Signature: _____

Please print Parent/Guardian Name: _____

☐ If you DO NOT want your child in this program for allergies, please sign and date below.

Parent/Guardian Signature: _____ Date: _____

Please print Parent/Guardian name: _____

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

LINCOLN HIGH SCHOOL

Nurse's Office

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

Physical Examination Requirements for Children Entering Lincoln High School

In accordance with the Rhode Island Department of Health Rules and Regulations is as follows:

Every student who has not been previously enrolled in a public or non-public school in this state shall have a medical history and physical examination completed. This examination shall be conducted in the twelve (12) months preceding the date of school entry, but if not, it shall be completed within six (6) months of school entry.

A second general health examination and health clearance will be required upon entry to the seventh (7th) grade. This general health examination may be performed during the sixth (6th) grade, but no later than six (6) months after entry into the seventh (7th) grade.

Effective August 1, 2015, a third general health examination and health clearance will be required upon entry to the twelfth (12th) grade. This general health examination shall be performed after the student turns sixteen (16) years of age, and no later than six (6) months after the student enters the twelfth (12th) grade.

Said general health examinations shall be a complete, age-appropriate history and physical examination, assessing the health and well-being of the child and evaluating any challenges to the child's success in school and school-related activities.

These general health examinations shall be conducted by the student's family physician, a physician's assistant under the physician's supervision, or a certified registered nurse practitioner. If there is no evidence that the appropriate general health examination has been performed, the school system shall make provisions for said examination by the end of the school year in which it is required.

Each school system may require additional health examinations, in order to ensure the mental and physical health of each child to participate in classroom, athletic, or special activities sponsored or conducted by the school.

Student-Athletes

The Lincoln School Department policy requires student-athletes to have a physical examination prior to participation in athletic competition. This examination is valid for one (1) year and must be performed by the student-athlete's primary care provider.

Please have your primary care provider complete the physical form and return the Original copy to the school nurse/teacher.

Immunization Requirements for All Children Entering High School

In accordance with the Rhode Island Department of Health *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases* (R23-1-IMM), all children entering the 9th grade are required to have the following immunizations:

- Booster dose of Tdap (tetanus, diphtheria, pertussis) vaccine, if it has been 5 years or more since the last dose of diphtheria-tetanus containing vaccine
- Four (4) doses of Polio vaccine
- Two (2) doses of MMR vaccine (Measles, Mumps, Rubella)
- Three (3) doses of Hepatitis B vaccine
- Two (2) doses of Varicella (chickenpox) vaccine received or a statement signed by your child's doctor stating that your child has a history of chickenpox disease
- One (1) dose of Meningococcal conjugate (Meningitis-MCV4) vaccine
- ****All students entering 12th grade, will be required to have a booster dose of MENINGOCOCCAL vaccine (MCV4) given on or after their 16th birthday
- ****HPV Vaccine-

Beginning August 1, 2017, all students entering Ninth (9th) grade shall be required to have completed the HPV vaccine series (3 doses)

***Adolescents 14 years old upon entering 9th grade who have already received two doses of HPV vaccine at least 6 months apart, per the recommendation, will not be required to have a third dose

***Adolescents 14 years old upon entering 9th grade who have already received two doses of HPV vaccine given less than 5 months apart, will be required to have a third dose

***Adolescents 15 years old upon entering 9th grade will be required to have three (3) doses

All children entering 7th and 12th grade are required to have a physical exam. This is the perfect opportunity to review your child's immunizations with the doctor to ensure your child is protected from all vaccine-preventable diseases.

This general health examination shall be performed after the student turns sixteen (16) years of age, and no later than six (6) months after the student enters the twelfth (12th) grade.

