

Student Enrollment Checklist

- ☐ Proof of Residency: 2 documents required (see below)
- ☐ Birth Certificate: Original and Copy
- ☐ License: Original and Copy

Please complete all forms electronically (if possible), print, sign, and notarize where noted

- ☐ Registration Form
- ☐ Authorization for Release/Receipt Confidential Information form
- ☐ RI Department of Education Home Language Survey
- ☐ Counselor's Enrollment Form (Fill out information from "name" to "does the student have any Physical Handicaps")
- ☐ Military, College, and Employee Information Request Form
- ☐ Rhode Island Interscholastic League Form (Out of District students only grades 10,11,12)
- ☐ Affidavit of Residence Form
- ☐ Medication Authorization Form
- ☐ Tylenol Form
- ☐ Health Information Form
- ☐ Health Records (physical must be current within the past 6 months to 1 year)
- ☐ IEP or ☐ 504
- ☐ Official transcripts

To prove residency in the towns of Foster/Glocester, the following must be provided at the time of registration:

- ☐ Lease agreement in the name of the parent as noted on birth or adoption certificate, with address noted.
- ☐ Tax bill, recent mortgage statement, signed purchase and sales agreement in the name of the parent as noted on birth or adoption certificate

And

- ☐ Utility bill-phone, electric, cable or gas bill in the name of the parent as noted on birth certificate or adoption certificate

Note: All information must be submitted for the student to be registered. If all the information is not on-hand at the time of registration, you will be asked to return when all documents are ready and can be submitted.

***In all cases, a post office box number is not acceptable. Furthermore, the local building inspector may be asked to verify the status or location of a residence.**

Foster - Glocester Regional Schools

91 Anan Wade Road
North Scituate, RI 02857
401-710-7568



Registration Form

School: _____

School Year: _____

Start Date: _____

| | |
|--------------------|------|
| Last Name: | |
| First Name: | |
| Middle Name: | |
| Gender: | |
| Grade: | YOG: |
| Date of Birth: | |
| SASID (office use) | |

Has the student been enrolled in a RI School? ☐ Yes or ☐ No

If yes, which district? _____

Former School/Current School: _____

School Address: _____
Street State Zip

Has the student ever been enrolled in Foster – Glocester Schools? ☐ Yes or ☐ No

If yes, which school? _____

High School Students Only

Select the Pathway of choice : ☐ Not Pursing a Pathway ☐ Animal Science,

- ☐ Plant Science, ☐ Biomedical Science, ☐ Business, ☐ Computer Science, ☐ Criminal Justice,
☐ Health & Fitness/Emergency Medical Technician (EMT), ☐ Construction & Manufacturing
☐ Music Performance & Education, ☐ Music Technology, ☐ Pre-Engineering, ☐ Visual Arts

Student's **Physical** Home Address:

Street Town Zip

Student's **Mailing** Home Address:

Street Town Zip

Is Student Homeless: ☐ Yes or ☐ No Where do you pay taxes? ☐ Foster ☐ Glocester ☐ Out of District

If Out of District, to which town do you pay taxes: _____

Parent 1/Guardian 1: _____ Lives with: ☐ Yes or ☐ No

Relationship: _____

Address (if different from student):

Street Town Zip

Cell Phone: () _____ Home Phone: () _____

Place of Work: _____ Work Phone: () _____

☐ Parent Active Armed Forces

-Registration Information Continued-

Parent 2/Guardian 2: _____ Lives with: ☐ Yes or ☐ No

Relationship: _____

Address (if different from student):

| | | |
|--------|-------|-------|
| _____ | _____ | _____ |
| Street | Town | Zip |

Cell Phone: () _____ Home Phone: () _____

Place of Work: _____ Cell Phone: () _____

☐ Parent Active Armed Forces

Are there any Legal Issues or dismissal restrictions that the school should be aware of? ☐ Yes or ☐ No
If yes. A copy must be on file in the school

| | |
|---|---|
| <p>Priority 1 in an emergency Notify/Dismiss to: Name: _____</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Relationship: _____</p> | <p>Priority 2 in an emergency Notify/Dismiss to: Name: _____</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Relationship: _____</p> |
| <p>Priority 3 in an emergency Notify/Dismiss to: Name: _____</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Relationship: _____</p> | <p>Priority 4 in an emergency Notify/Dismiss to: Name: _____</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work</p> <p>Relationship: _____</p> |

Phone numbers to be used for our School – to – Home Alert calling system

Phone Alert 1: _____ Alert Email 1: _____

Phone Alert 2: _____ Alert Email 2: _____

Phone Alert 3: _____ Alert Email 3: _____

Race (Please choose one or more): ☐ White ☐ Black or African American ☐ Pacific Islander
☐ American Indian or Alaskan Indian ☐ Asian

| | | |
|--|------------------------------|-----------------------------|
| Is English the first native language of the student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the student capable of performing ordinary classwork in English? If not, which language? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the student currently on an individual Education Plan? IEP | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the student currently on a 504 Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any court actions pending for this student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the student either Hispanic or Latino? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

-Registration Information Continued-

Please List Student Siblings Who Are Currently Enrolled in School:

| | | | | | |
|-------|--|---------|--|--------|--|
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |

Please List Student Siblings Who Are Not Currently Enrolled in School:

| | | | | | |
|-------|--|---------|--|--------|--|
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |
| Name: | | School: | | Grade: | |

Signature of Parent/Guardian: _____ Date: _____

Ponaganset High School

137 Anan Wade Road, Glocester, RI 02857
Telephone (401) 710-7500 ext. 3194 or 3199
Fax (401) 764-0251

Authorization for Release/Receipt of Confidential Information

Date _____

Student: _____ Town: _____

Address: _____ Date of Birth: _____

_____ Phone: _____

School: _____ Grade/Year of Graduation: _____

I hereby authorize the Foster Glocester Regional School District to both RECEIVE and RELEASE educational, confidential or medical information written or verbal:

**To: Ponaganset High School/Guidance Department
137 Anan Wade Road
North Scituate, RI 02857**

From:
Name: _____

Address: _____

For the Purpose of: educational planning and coordinating of services

Any information received is protected by the Family Rights and Privacy Act (FERPA) and any other applicable laws, will be shared only with school employees/consultants with legitimate educational interest and will not be relayed to any outside agency without additional written consent. Unless otherwise specified, this consent expires one calendar year after signature but may be revoked in writing at any time prior to this release of information...

Authorized by: _____ Date: _____

Relationship to Student: _____

Page 2



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



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

Encuesta sobre el idioma en el hogar (HLS)

Esta sección la debe llenar el padre de familia o tutor

Estimado padre de familia o tutor:

La información solicitada en este formulario es necesaria para ubicar escolarmente a su niño de la mejor manera, y no se usará para otros propósitos¹.

Gracias por su cooperación.

| | | |
|---|----------------|---|
| Nombre del estudiante: | | |
| | | |
| Primer nombre | Segundo nombre | Apellido |
| Fecha de nacimiento: | | Lugar de nacimiento²: |
| | | |
| Mes | Día | Año |
| Relación del padre de familia o tutor con el estudiante: | | |
| <input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Otra _____ | | |
| Home Language Code: | | |

Información sobre el idioma de la familia y del niño

(Por favor, marque todas las casillas que correspondan.)

| | | | |
|---|---|---|--------------------|
| 1. ¿Cuál es el idioma que se usa principalmente en el hogar, aparte del idioma que habla el estudiante? | <input type="checkbox"/> Inglés <input type="checkbox"/> Otro | _____ | <i>Especifique</i> |
| 2. ¿Cuál es el idioma que el estudiante habla más? | <input type="checkbox"/> Inglés <input type="checkbox"/> Otro | _____ | <i>Especifique</i> |
| 3. ¿Cuál es el idioma que el estudiante aprendió primero? | <input type="checkbox"/> Inglés <input type="checkbox"/> Otro | _____ | <i>Especifique</i> |
| 4. ¿Qué idioma(s) entiende el niño? | <input type="checkbox"/> Inglés <input type="checkbox"/> Otro | _____ | <i>Especifique</i> |
| 5. ¿En qué idioma(s) habla el niño? | <input type="checkbox"/> Inglés <input type="checkbox"/> Otro | _____ <input type="checkbox"/> No habla | <i>Especifique</i> |
| 6. ¿En qué idioma(s) lee el niño? | <input type="checkbox"/> Inglés <input type="checkbox"/> Otro | _____ <input type="checkbox"/> No lee | <i>Especifique</i> |
| 7. ¿En qué idioma(s) escribe el niño? | <input type="checkbox"/> Inglés <input type="checkbox"/> Otro | _____ <input type="checkbox"/> No escribe | <i>Especifique</i> |

¹ Conforme a la Ley de Rhode Island (R.I.G.L. § 16-54-2) y la Ley de Igualdad de Oportunidades de Educación (20 U.S.C. §1703(f)).

² Las familias no están obligadas a proporcionar el lugar de nacimiento, pero proporcionar esta información puede ayudar a las agencias locales de educación (LEA) a desarrollar mayor sensibilidad cultural.

Actualizado al 30 de abril de 2020

Teléfono: (401)222-4600 Fax: (401)222-6178 TTY: (800)745-5555 Buzón de voz: (800)745-6575 Sitio web: www.ride.ri.gov
La Junta de Educación de R.I. no discrimina por razón de edad, sexo, orientación sexual, identidad o expresión de género, raza, color, religión, nacionalidad de origen o discapacidad.

Entrevista a la familia – Información sobre la educación del niño

1. ¿Cree usted que su niño tiene dificultades o problemas que afectan su capacidad de entender, hablar, leer o escribir en inglés u otro idioma?

Sí* No No sabe

☐
☐
☐

*Si respondió que sí, por favor describa: _____

¿Qué tan graves cree usted que son esas dificultades? ☐ No son graves ☐ Son un poco graves ☐ Son muy graves

2a. ¿Se le ha hecho al niño una evaluación para educación especial? ☐ No ☐ Sí*

* Si respondió que se le hizo una evaluación, ¿se le detectó algún problema o discapacidad del aprendizaje? ☐ No ☐ Sí*

* Si respondió que se le detectó un problema o discapacidad del aprendizaje, ¿ha recibido el niño servicios de educación especial?

☐
☐

No Sí – Especifique el tipo de servicios recibido: _____

2b. Edad a la que recibió los servicios (por favor marque todas las casillas que correspondan):

☐ Antes de los 3 años (intervención temprana) ☐ De los 3 a 5 años (educación especial) ☐ Después de los 6 años (educación especial)

2c. ¿Tiene el niño un Programa de Educación Individualizado (IEP) o plan 504? ☐ No ☐ Sí

2. ¿En qué idioma prefiere que le hablen cuando la escuela o distrito se comunican con usted?

☐
☐

_____ Especifique

3. ¿En qué idioma prefiere que le escriban cuando la escuela o distrito se comunican con usted?

☐
☐

_____ Especifique

4. Indique la fecha en que inscribió al niño por primera vez en CUALQUIER escuela en Estados Unidos _____

(mm/dd/aaaa)

¿Hay algo más que usted piense que la escuela debe saber sobre su niño? (p. ej., talentos o habilidades especiales, o problemas de salud)

Mes: _____

Día: _____

Año: _____

Firma del padre de familia o tutor

Fecha

Nombre del padre de familia o tutor (en letra de molde)

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:

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.

Ponaganset High School

137 Anan Wade Road, North Scituate, RI 02857 (401) 710-7500



Dr. Renee Palazzo
Principal

Mrs. Amanda Grundel
Associate Principal

September 2020

After completing necessary changes in census information, I ask that you and your child read and review the information regarding graduation requirements, academic and behavioral expectations, and technology agreement. After you have read the handbook, please sign and have your child return all of the documents in this packet to the advisory teacher by **Tuesday, September 11th**. Thank you for your support.

Military, College, and Employee Information Request

☐ Check here if Parent/Guardian is Active within the Armed Forces.

A federal law (Sec. 9528/No Child Left Behind) allows access to student information files. **Parents who do not want this information disclosed without their consent must complete the statement below:**

I, (Parent/Guardian) _____ request that no personal information including name, address, and telephone number of my son/daughter, (students full name) _____ be released to the following entities without my consent (please check):

- ☐ U.S. Military (Army, Air Force, Navy, Marines, etc.)
☐ Prospective employers

Note: Failure to indicate preferences for this request will be considered parental consent to release all information to the above listed agencies.

REQUEST TO WITHHOLD SELECTED STUDENT INFORMATION

I **DO NOT** give permission for photos and/or images of my child, captured through video, photo, digital camera, to be used in connection with Ponaganset High School activities. I understand that all photos and videos will not be used for commercial gain. These recordings will be used in educational and promotional videos, presentations, newsletters, etc. I further agree that any additional reproductions may be published and distributed to the general public. I understand and agree to the above stated conditions.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

PERMISSION FOR STUDENT ASSISTANCE OR CRISIS INTERVENTION

I, (Parent/Guardian) _____ **DO NOT** give permission for my son or daughter

(Student Name) _____ to speak with the Student Assistance Counselor, Crisis Intervention Counselor or allow Ponaganset High School Faculty to discuss my child with either or both counselors should the need be without my permissions.

ACKNOWLEDGMENT FOR RECEIPT OF HANDBOOK

My child and I have read the Student/Parent Handbook of Ponaganset High School. Please visit <http://www.fg.k12.ri.us/> to view the student handbook (click "for parents" and then click "student Handbook"). Signed return of this page signifies that we have reviewed and are familiar with the rules and regulations set forth therein.

Student Signature

Parent/Guardian Signature

Date

INITIAL ALL OF THE FOLLOWING (REQUIRED)

- ___ I have read and understand the requirements for graduation from Ponaganset High School.
___ I have read and understand my child's responsibility when using the school issued laptop per the District's Policy.
___ I have read and understand the behavioral expectations and consequences found in the Student Handbook.
___ I have read and understand the policy on academic eligibility, disciplinary and attendance probation.
___ I have read and understood the Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)
___ I have Read and understood the Family Educational Rights and Privacy Act (FERPA)

Mission Statement

Empower future-ready graduates with passion, purpose, and proficiency to Start Here and Go Big!

**Rhode Island Interscholastic League
Transfer Rule Affidavit**

This form is to be completed if a student transfers from one school to another without a corresponding change of address. Pursuant to the Transfer rule, Article 3, Section 4. This form may be initiated by either the sending or receiving school.

Student Name

Age

Grade

To be Completed by Parent/Guardian and Student

We certify that no student, parent, teacher, or coach made contact (either written or oral) prior to the transfer for the purpose of pursuing the transfer for participation in athletics.

Parent/Guardian Signature

Parent/Guardian Signature

Student Signature

*******OFFICE USE ONLY*******

To Be Completed by Sending School

_____ has transferred from _____ High School to
Name of Student **School Name**

to _____ High School and to the best of our school's knowledge, there has been no recruitment of this student by anyone connected with the receiving school or its athletic program.

Record of Athletic Competition at the Sending School

List the sport(s) that she/he has participated in on a *Varsity Level* and the year she/he played.

| Sport | Season | Year |
|-------|--------|------|
| | | |
| | | |
| | | |

Comments: _____

School

Principal's Signature

Athletic Director Signature

Date

Sending School: After completion, this form must be forwarded to the Receiving School for completion within 5 days of the official withdrawal of the student.

To Be Completed by the Receiving School:

_____ High School has received the transfer and certifies that there has been no recruitment of this student by anyone connected with our school and our athletic program.

School

Principal's Signature

Athletic Director Signature

Date

Receiving School: After completion, mail or fax to the Executive Director of the RIIL office; a copy to the sending school and retain a copy for your files. (see B1 of Transfer Rule).

Reference: Article 3, Section 9/Recruitment of Student-Athletes – Page 22 of the RIIL Rules and Regulations.

Ponaganset High School

Counselor's Enrollment Form

Student's Name: _____

Proof of Residency: 1. _____

2. _____

Student resides with: _____ Relationship: _____

Student is a resident of (please check): ☐ Foster ☐ Gloucester ☐ Tuition _____

Sending District

Student has 504: ☐ Yes ☐ No

Student is in Special Education/has an IEP: ☐ Yes ☐ No

Is the student on medication during school? ☐ Yes ☐ No

If yes, please list: _____

Does the student have any Physical Handicaps? ☐ Yes ☐ No

Rhode Island Department of Health requires that "students who cannot present acceptable evidence of immunizations at entry must be excluded".

☐ Student may enter immediately

_____ School Nurse's Initials

☐ Student is excluded until immunization evidence is received

Principal/Guidance Director's permission to register at Ponaganset High School is granted to:

_____ as a full _____ part time _____ student under the

following conditions: _____

Director's Signature _____ Student's Signature _____

On missing children's list? ☐ Yes ☐ No

page 3

Bus Transportation Form

Please check one: ☐ New Registration ☐ Change of Address ☐ Withdrawal

Please check one: ☐ Foster ☐ Gloucester

School: _____

Student Name: _____ Grade: _____

Parent/Guardian Name(s): _____

Address: _____

Town and Zip Code: _____

Mailing Address: _____

Student Phone: _____
Home Cell

Parent(s) Phone: _____
Home Cell Work

Email Address: _____

Please list any Serious Medical Conditions that may require emergency interventions (calling 911) while your child is on the bus. For Example: seizures, severe allergies, diabetes, or heart conditions:

TO Be COMPLETED BY THE BUS COMPANY:

Effective Date: _____

A.M. Bus #: _____ Time: _____ Location: _____

P.M. Bus #: _____ Time: _____ Location: _____

**Ponaganset High School
Medication Authorization Form
School Year 2021 - 2022**

Student Name: _____ **D.O.B** _____ **Grade:** _____

Address: _____ **Phone:** _____

I understand that special permission is required for the use of medication by students during school hours and that the School Nurse is authorized to consult with the prescribing physician / licensed practitioner on matters relating to this order. I request that my child be given the medications described below or be permitted to self-carry/self-medicate as authorized by me and my physician / licensed practitioner. I understand that the school nurse is not present on field trips and that I must execute a form regarding administering medication of field trips. My signature indicates my understanding of these facts, district policy, my responsibility to ensure my child receives any necessary medication, and authorization to administer medications to my child as described below and in emergency situations.

Parent/Guardian Signature

Date

This section to be completed by Physician / Licensed Practitioner

Diagnosis: _____

Medication(s): _____ **Daily:** _____ **PRN:** _____

Dose: _____ **Route:** _____ **Time:** _____ **Frequency:** _____

May it be repeated: _____ **Start Date:** _____ **End Date:** _____

Describe indications: _____

Side Effects: _____

Allergies: _____ **Special Instructions** _____

If Epi-pen or inhaler student may self-administer

Yes ☐ No ☐

If Epi-pen or inhaler student may self-carry

Yes ☐ No ☐

If on a field trip medication may be self-administered

Yes ☐ No ☐

If on a field trip medication may be delayed until child returns home

Yes ☐ No ☐

Student must self-carry / self-administer the medication

Yes ☐ No ☐

Physician Signature

Date

Please FAX this form back to the attention of Mr. Christopher Shippee at 401-764-5813
Or email form to cshippee@fgschools.com

PONAGANSET HIGH SCHOOL

HEALTH INFORMATION FORM

Allergies: _____

M _____ F _____

Grade: _____

Name: _____ DOB: _____

Last

First

Middle

ADDRESS: _____ PHONE: _____

STREET

CITY

ZIP

RESIDES: ☐ MOTHER ☐ FATHER ☐ BOTH ☐ OTHER _____

CUSTODIAL AGREEMENT: ☐ N/A ☐ MOTHER ☐ FATHER RESTRAINING ORDER: ☐ YES OR ☐ NO

PARENTS/GUARDIANS:

MOTHER'S NAME: _____ HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

FATHER'S NAME: _____ HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

BROTHERS & SISTERS: _____ AGE: _____ GRADE: _____

BROTHERS & SISTERS: _____ AGE: _____ GRADE: _____

EMERGENCY CONTACTS

| NAME | RELATIONSHIP | PHONE |
|------|--------------|-------|
|------|--------------|-------|

| | | |
|------|--------------|-------|
| NAME | RELATIONSHIP | PHONE |
|------|--------------|-------|

ARE THERE MEDICAL CONDITIONS: ☐ YES OR ☐ NO

DESCRIBE MEDICAL CONDITIONS: _____

PLEASE LIST PRESCRIBED AND AUTHORIZED OVER THE COUNTER MEDICATIONS: _____

FAMILY PHYSICIAN: _____ PHONE NUMBER: _____

IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO KEEP THE SCHOOL ADVISED OF ANY CHANGES

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

THE ABOVE INFORMATION IS ALLOWED TO BE SHARED WITH STAFF ON A NEED KNOW BASIS

Ponaganset High School
137 Anan Wade Rd
North Scituate, RI 02857

Tylenol/Ibuprofen Authorization Form

Grade: _____

School Year: 2021-2022

Student Name: _____

Date of birth _____

Address: _____

Telephone: _____

I understand that special permission is required for the use of all medication by students during school hours. I request that my child be given the following Over the Counter Medication described below as authorized by me.

Acetaminophen (Tylenol): ☐ yes ☐ no

Ibuprofen: ☐ yes ☐ no

Parent Signature: _____ Date: _____

Please return this form back to the school nurse Mr. Christopher Shippee
Or email form to cshippee@fgschools.com
Or fax at 401-764-5813

Affidavit of Residence

I, _____ being of lawful age and resident at
_____, do under oath and penalties of perjury, depose and say:

1. I have resided in the town of Foster, Glocester or _____ in RI since _____.

a. I ☐ own ☐ lease ☐ reside with _____ at the above residence.
Town Date

2. I make this Affidavit for no improper purpose. I understand that claiming residency of school-aged children for the sole purpose of enrolling in Foster-Glocester Regional School District is a violation of RIGL 16-64-1.

3. The following Individuals reside with me at the above address:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

I certify under penalty of perjury under Rhode Island law that I know the contents of this Affidavit signed by me and the statements are true and correct. School Committee policy 5118-AD requires that residency must be established within a period of three months after the pupil is enrolled. Out-of- District residency must be established during enrollment.

Signature of Resident Owner Date

Signature of Resident Date

On this date of _____, before me personally appeared _____, to me, known to be the person described in and who executed the foregoing Affidavit and being first duly sworn on oath according to law deposes and says that he/she has read the foregoing Affidavit subscribed by him/her and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Notary Stamp

Notary Public

Title

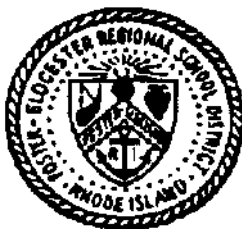
My commission expires on: _____

FOSTER-GLOCESTER PUBLIC SCHOOLS

MICHAEL S. BARNES, Ph.D.
SUPERINTENDENT

LISA ODOM-VILLELLA
ASSISTANT SUPERINTENDENT

DAWN CABRAL
ADMINISTRATIVE ASSISTANT



BRIDGET ALMON
BUSINESS MANAGER

ERIC W. BUTASH
DIRECTOR OF EDUCATIONAL TECHNOLOGY

JOHN OBIURKA
DIRECTOR OF FACILITIES OPERATIONS

August 2021

Dear Parent/Guardian:

Children need healthy meals to learn. **Foster/Glocester Regional School District** offers healthy meals every school day. Breakfast costs **\$1.25**; lunch costs **\$3.00**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **.30¢** for breakfast and **.40¢** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **RI SNAP, the Food Distribution Program on Indian Reservations (FDPIR)** or **RI TANF**, are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

| FEDERAL ELIGIBILITY INCOME CHART For School Year 2021 - 2022 | | | |
|--|------------|----------|----------|
| Household size | Yearly | Monthly | Weekly |
| 1 | \$ 23,828 | \$1,986 | \$459 |
| 2 | \$ 32,227 | \$ 2,686 | \$ 620 |
| 3 | \$ 40,626 | \$ 3,386 | \$ 782 |
| 4 | \$ 49,025 | \$ 4,086 | \$ 943 |
| 5 | \$ 57,424 | \$ 4,786 | \$ 1,105 |
| 6 | \$ 65,823 | \$ 5,486 | \$ 1,266 |
| 7 | \$ 74,222 | \$ 6,186 | \$ 1,428 |
| 8 | \$ 82,621 | \$ 6,886 | \$ 1,589 |
| Each additional person: | + \$ 8,299 | + \$ 700 | + \$ 162 |

1. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Karleen Murray at kmurray@fgschools.com or 401-710-7500 ext. 7573.**
2. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857 or email to : ahays@fgschools.com**

3. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857** or email to : ahays@fgschools.com immediately.
4. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **September 30, 2021**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
5. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
6. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
7. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
8. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857** or call **401-710-7573** or email to : ahays@fgschools.com
9. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
10. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
11. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
12. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
13. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857** or call **401-710-7573** or email to : ahays@fgschools.com
14. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? Your family may be eligible for the Supplemental Nutrition Assistance Program (SNAP) or other programs. To find out if you qualify or to learn more, contact the **URI SNAP Outreach Project** at [1-866-306-0270](tel:1-866-306-0270).

If you have other questions or need help, call **401-710-7573**

Sincerely,

Antonia Hays - Bookkeeper

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Foster/Glocester Regional School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857; 401-710-7573** or email to : ahays@fgschools.com

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Foster/Glocester Regional School District, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Foster/Glocester Regional School District? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Foster/Glocester Regional School District. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.
Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or RI SNAP.
- Temporary Assistance for Needy Families (TANF) or RI TANF.
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: **Antonia Hays; 91 Anan Wade Road; North Scituate, RI 02857; 401-710-7573** or email to : ahays@fgschools.com
- Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1.**

B) List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

C) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

C) Write today’s date. In the space provided, write today’s date in the box.

D) Share children’s racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

2021-2022 RI Prototype Household Application for Free and Reduced Price School Meals

Apply online: INSERT URL HERE

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

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

| Child's First Name | MI | Child's Last Name | School | Grade | Student? Yes No | Foster Child | Homeless, Migrant, Runaway |
|--------------------|----|-------------------|--------|-------|---|--------------------------|----------------------------|
| | | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

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

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

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

Child income \$

How often? ☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly

B. All Adult Household Members (including yourself)

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

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

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

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Check if no SSN ☐

STEP 4 Contact information and adult signature. Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING 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 (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) Apt #

City State Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

INSTRUCTIONS

Sources of Income

| Sources of Income for Children | |
|--|---|
| Sources of Child Income | Example(s) |
| - Earnings from work | - A child has a regular full or part-time job where they earn a salary or wages |
| - Social Security <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits | - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits |
| -Income from person outside the household | - A friend or extended family member regularly gives a child spending money |
| -Income from any other source | - A child receives regular income from a private pension fund, annuity, or trust |

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

OPTIONAL

Children's Racial and Ethnic Identities

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

Ethnicity (check one): Race ☐ Hispanic or Latino ☐ Not Hispanic or Latino
(check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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

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

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

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

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

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

Do not fill out

For School Use Only

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

| | | | | | | | | |
|----------------------------------|--|-----------------------|-----------------------|---------------------------------|-----------------------|--|-----------------------|-----------------------|
| Total Income | | How often? | | Household Size | | Eligibility: | | |
| <input type="text"/> | | Weekly | Bi-Weekly | 2x Month | Monthly | Free | Reduced | Denied |
| <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Determining Official's Signature | | Date | | Confirming Official's Signature | | Categorical Eligibility <input type="checkbox"/> | | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | |
| Verifying Official's Signature | | Date | | Verifying Official's Signature | | Date | | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | |

NORTHWEST SPECIAL EDUCATION REGION

7 Rustic Hill Road, Glocester, RI 02857

Phone: 401-647-4106

John Magner, Director
jmagner@northwestri.org

Kyle Santos, Assistant Director
ksantos@northwestri.org

Authorization for Release of Records

| | | |
|---|---|--|
| Foster District | <input type="checkbox"/> Captain Isaac Paine Elementary | |
| Glocester District | <input type="checkbox"/> Fogarty Memorial School | <input type="checkbox"/> West Glocester Elementary |
| Foster-Glocester Region District | <input type="checkbox"/> Ponaganset Middle School | <input type="checkbox"/> Ponaganset High School |
| Scituate District | <input type="checkbox"/> Clayville Elementary | <input type="checkbox"/> Scituate Middle School |
| | <input type="checkbox"/> Hope Elementary | <input type="checkbox"/> Scituate High School |
| | <input type="checkbox"/> North Scituate Elementary | |

Please type or print clearly all information below:

| | |
|----------------------------|-----------------------------|
| Student Name: _____ | Date of Birth: _____ |
| Home Address: _____ | |
| Street | Town State |

☐ **Enrollment** **Anticipated Date of Enrollment:** _____ **Grade:** _____

| | |
|------------------------------|-------------------------|
| Last School Attended: | Name: _____ |
| | Address: _____ |
| | Telephone: _____ |

☐ **Withdrawal** **Anticipated Last Day?** _____ **Grade:** _____

| | |
|-------------------------------|-------------------------|
| New School Information | Name: _____ |
| | Address: _____ |
| | Telephone: _____ |

| | |
|---|---|
| I hereby authorize the Northwest Special Education Region to: | <input type="checkbox"/> receive the following confidential information (for enrollment): |
| | <input type="checkbox"/> release the following confidential information (for withdrawal): |
| Entire contents of special education file, including, but not limited to, current IEP, evaluations, meeting summaries, disciplinary notes, etc., for the purpose of obtaining complete special education file now that we are the LEA responsible for this student due to change in residence. Any information received/released is protected by the Family Rights and Privacy Act (FERPA) and any other applicable laws, will be shared only with school employees/consultants with a legitimate educational interest and will not be relayed to any outside agency without additional written consent. Unless otherwise specified, this consent expires one calendar year after signature but may be revoked in writing at any time prior to this release of information. | |

Authorized by: _____ **Signature** _____ **Print Name** _____

Relationship to student: _____ **Tel #:** _____ **Date:** _____

The Northwest Special Education Region does not discriminate on the basis of age, sex, race, religion, National origin, color or disability in accordance with applicable laws and regulations.