



Foster Public School District
Captain Isaac Paine School

160 Foster Center Road
Foster, RI 02825
Telephone 401-647-5100

Michael S. Barnes, Ph. D.
Superintendent

Kristen Danusis
Principal

STUDENT ENROLLMENT REQUIREMENTS

Please abide by the following enrollment requirements:

1. Foster requires **proof of residency**. *A PO Box is not an acceptable address*. We require a current & valid Rhode Island driver's license **and** one of the following:
 - a) Current tax bill showing home owner's name and address of house on which taxes are levied.
 - b) Current utility bill showing home owner's name and street address of house.
 - c) Verification from a real estate agent that a home at a Foster address will be purchased or rented or leased by the new residents and the anticipated date of occupancy.
 - d) Verification from a building contractor indicating that a house at the address is being built for the new residents and the anticipated date of occupancy.
2. Foster requires a valid original birth certificate and immunizations for the student.
3. R.I.G.L. 16-2-27, ***Kindergarten Grade Eligibility Requirement***: will have completed 5 years of life on or before September 1 of any school year (FSD Policy #1201*)
4. R.I.G.L. 16-2-25, ***First Grade Eligibility Requirement***: will have completed 6 years of life on or before September 1 of any school year (FSD Policy #1200*)
5. Foster requires that ***all*** requested information must be provided before a student may start classes.

*Policy can be provided upon written request.

The Foster School Department does not discriminate in accordance with applicable laws and regulations.



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INFORMATION GUIDE

Welcome to Foster Schools. This guide will assist you to fill out the enrollment forms. Please note that **all** information is required unless otherwise noted.

Primary Dwelling Information: This information is used to show residency in Foster, a PO Box is not acceptable. Your home phone number is used to help identify your family and keep our records consistent. If you do not have a home phone please enter the primary phone number where we may reach your family. Please include your mailing address if it differs from your physical street address.

Residency Documentation: All prospective students must prove residency in Foster to qualify for enrollment. Please see *Student Enrollment Requirements* for more details.

Head of Household: Head of household information is used to identify who is legally responsible for the student. Email address is optional, but most school notices are sent via email.

Phone Numbers: Please provide your work number, if applicable, or cell phone number. If you have another phone number you would like to provide, you may do so in the **other** box. If you choose **other** please indicate the type of phone number.

- **F:** fax
- **P:** pager
- **C:** cell
- **W:** work
- **E:** emergency
- **T:** TTY (hearing impaired)

Emergency Contact Information: Please provide at least one emergency contact for your child if you or your spouse is unavailable.

Preschool Children: At your discretion you may register any preschool children. Doing so does not enroll them but it does save time later on when they are school age:

Foster Public Schools
Captain Isaac Paine Elementary School
 160 Foster Center Rd, Foster, RI 02825
Registration Form

School: _____

School Year: _____

Enrollment Date: _____

Last Name		
First Name		
Middle Name		
Gender		
Grade		YOG
Date of Birth		
SASID (Office use only)		

Has student been enrolled in a RI School? Yes or No If yes, which district? _____

Former School/School Address: _____

Has student ever been enrolled in Glocester Schools? Yes or No If yes, which school? _____

Student's Physical Home Address:

_____ Street _____ Town _____ Zip Code

Student's Mailing Home Address:

_____ Street _____ Town _____ Zip Code

Is Student Homeless? Yes No

Parent 1/ Guardian 1 _____ Lives with? Yes or No Address: _____

Place of Work: _____ Work Phone: _____ If different from student

Work Phone: _____ Home/Cell Phone: _____ Email: _____

Parent 2/ Guardian 2 _____ Lives with? Yes or No Address: _____

Place of Work: _____ Work Phone: _____ If different from student

Work Phone: _____ Home/Cell Phone: _____ Email: _____

Are there any legal issues or dismissal restrictions that the school should be aware of: Yes No If yes, a copy MUST be on file in the school

Priority 1 In an emergency Notify/Dismiss to: Name: _____ Phone: _____ Relationship: _____	Priority 2 In an emergency Notify/Dismiss to: Name: _____ Phone: _____ Relationship: _____	Phone numbers to be used for our School-to-Home Alert Calling System. Phone Alert 1: _____ Email Alert 1: _____ Phone Alert 2: _____ Email Alert 2: _____ Phone Alert 3: _____ Email Alert 3: _____
Priority 3 In an emergency Notify/Dismiss to: Name: _____ Phone: _____ Relationship: _____	Priority 4 In an emergency Notify/Dismiss to: Name: _____ Phone: _____ Relationship: _____	

Information below is required by the Rhode Island Department of Education (Please check each appropriate answer)

Is English the first native language of the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Race (Please choose one or more.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Asian
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	

Signature of Parent/Guardian: _____ Date: _____

Foster School Department
Captain Isaac Paine School
160 Foster Center Road
Foster, Rhode Island 02825
(401) 647-5100
Fax: (401) 647-3750
<http://www.paineschool.org/index.htm>

1. **Identifying Information** – Please print

This form to be completed by the students' parent or legal guardian and witnessed by a Notary Public

A. Student Information

Student's Name _____
(First Name) (Middle Name) (Last Name)
Date of Birth _____ Grade Level _____

B. Student lives with (Print name(s) and INDICATE RELATIONSHIP TO STUDENT)

Parent or Guardian's Name _____
(First Name) Middle Initial (Last Name)

Relationship to the student _____
(e.g. mother, father, step-mother, step-father,
grandmother, grandfather, etc.)

Parent or Guardian's Name _____
(First Name) Middle Initial (Last Name)

Relationship to Student _____
(e.g. mother, father, step-mother, step-father,
grandmother, grandfather, etc.)

C. Residency Address (Please **DO NOT** list a Post Office Box as it is **NOT** acceptable as a residence)

(Street Address) (City/Town) (State) (Zip Code)

I, declare under penalty of perjury, the above named student lives at this address with me. I also declare under penalty of perjury the above is the student's primary address.

I agree to notify the school within two (2) weeks when residency has changed. I understand a new affidavit and a new proof of residency must be submitted. If I move outside the district, I understand my child may not be allowed to continue to attend Foster Schools.

I understand that the Foster School Department reserves the right to check the above information for accuracy and may at any time ask for address verification. Any misstatement or misrepresentation of the truth by me on this affidavit constitutes a form of fraud and may result in the withdrawal of my child from the school he/she is attending and the payment of tuition to the Foster School Department.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in: a) revocation of student enrollment, b) being held liable to reimburse the district for expenses incurred to educate this student, and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Signature of Parent / Guardian

Date

Signature of Primary Resident of the above address
(only if different than the Parent / Guardian)

Date

Subscribed and sworn before me on this _____ day of _____, 20 _____.

NOTARY PUBLIC SIGNATURE

My Commission Expires

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2. Proof of Residency

The person, with whom the student lives must attach proof of residency, dated within the last thirty (30) days and must show parent, guardian or legal name and street address.

Please carefully read the scenarios listed below and provide the documentation that applies to the students' living situation.

Possible Living Situation #1

If you own and live in the resident property, please attach:

1. A Town of Foster Tax Bill or a Mortgage Statement in your name showing residence property address AND
2. TWO (2) utility bills in your name for the current month showing the residence property address. For example:
 - a. Electric bill
 - b. Cable bill
 - c. Telephone or cell phone bill
 - d. Gas or Oil bill

Possible Living Situation #2

If you rent and live in the resident property, please attach:

1. Copy of the lease / rental agreement AND
2. A utility bill in your name showing residence property address OR, if such service is included as part of the rental agreement, you must provide satisfactory evidence that is so included AND ONE (1) of the items listed below:
 - a. Mortgage Statement OR Town of Foster Tax Bill of the PROPERTY OWNER.
 - b. Current vehicle tax bill
 - c. One other bill mailed to you at your residence address

Possible Living situation #3

If you are living at a property with the owner or renter of the property in Foster, please attach:

1. The Residence Affidavit signed by the primary resident of the home (owner or renter) and subscribed and sworn before a Notary Public AND
2. A utility bill in the name of the primary resident of the home showing residence property address or, if such service included as part of the rental agreement, you must provide satisfactory evidence that is so included AND ONE (1) of the items listed below:
 - a. Current vehicle registration showing residency property address; OR
 - b. One other bill mailed to you at your residence address

NOTE: If legal custody of a child is split between two parents, in ADDITION to the documents listed above, you must also attach a certified copy of the most recent court order identifying each parent's respective award of physical custody. You are responsible to immediately inform the school of any changes to the court order.

School Name & Address:

Grade: _____



STATE OF RHODE ISLAND
SCHOOL PHYSICAL FORM

Health Care Provider Name and Address:

Phone: _____

This form may substitute for any district-issued form. All districts must accept this form. General health examinations shall be documented in a standardized format with one copy available from the Rhode Island Department of Health or in any such format that captures the same fields of information (R16-21SCHO Section 8.4)

Student Name: Last	First	Middle	Date of Birth	Sex
Address: Street	Apt #	City	State	Zip Code
				Home Phone

PLEASE COMPLETE ALL INFORMATION BELOW (May attach Immunization transcript).

IMMUNIZATIONS	Please enter dates in MM/DD/YYYY format			
Hepatitis B				
Diphtheria-Tetanus-Pertussis DTaP < 7 years				
Pneumococcal Conjugate PCV				
Polio				
Haemophilus Influenzae Type B Hib				
Measles-Mumps-Rubella MMR				
Varicella				
	<input type="checkbox"/> Student has history of varicella disease			
Tetanus-Diphtheria-Pertussis Tdap/Td > 7 years				
Rotavirus				
Hepatitis A				
Meningococcal				
HPV				
Influenza				

Medical Exemption:

- Hep B
 DTaP
 PCV
 Polio
 Hib
 MMR
 Varicella
 Td/Tdap
 Rotavirus
 Hep A
 Mening
 HPV
 Influenza

PHYSICAL EXAMINATION

Date of PE ____/____/____ Height _____ Weight _____ BP _____

PLEASE NOTE ANY HEALTH PROBLEM, CHRONIC HEALTH CONDITION OR DISABILITY THAT MAY AFFECT BEHAVIOR OR HEALTH AT SCHOOL:

- ASTHMA: No Yes If yes, complete an Asthma Action Plan (www.health.ri.gov/publications/actionplans/2012Asthma.pdf)
- ALLERGIES: No Yes (Please explain) _____ EPINEPHRINE AUTO-INJECTOR REQUIRED: No Yes
If student has a severe allergy (food, insect, other) complete a Food Allergy & Anaphylaxis Emergency Care Plan (www.foodallergy.org/document.doc?id=234)
- DIABETES: No Yes If yes, complete a Physicians Order Form For Students With Diabetes (www.health.ri.gov/forms/school/PhysicianOrdersForStudentsWithDiabetes.pdf)
- OTHER: _____

Treatment Plan: _____

RESTRICTIONS: Can participate in physical education/sports: Fully With limitation _____

MEDICATION (REQUIRED AT SCHOOL): No Yes (Please list) _____

Other medication(s) that may affect behavior or health at school: _____

LEAD SCREENING (Required for children < 6 years old) Student is in compliance with lead screening requirements: Yes <input type="checkbox"/> No <input type="checkbox"/>	SCOLIOSIS SCREENING Yes <input type="checkbox"/> No <input type="checkbox"/>	VISION SCREENING (Children entering Kindergarten) <input type="checkbox"/> Passed Screening <input type="checkbox"/> Screened & referred for comprehensive exam <input type="checkbox"/> Referred for comprehensive exam, but not screened
TUBERCULOSIS (If required by school district) Date of TB test: _____		Screening / Referral Date: _____ Comprehensive Exam Date: _____

HEALTH CARE PROVIDER SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Foster School Department

Health History Form

(To be completed by Parent/Guardian)

Dear Parent/Guardian,

A current health history will help us to meet your child's health needs and to recognize any educationally significant problems. Please complete this form and return it to the school nurse-teacher. Thank you!

Student's Name: _____ Date of Birth: _____

Physician's Name: _____ Physician Phone #: _____

1. Has your child ever had or have any of the following:

	Yes	No	Year		Yes	No	Year
Chicken Pox				Spina Bifida			
Measles				Cerebral Palsy			
Mumps				Downs Syndrome			
Rubella/German Measles				Cystic Fibrosis			
Pertussis/Whooping Cough				Cancer			
Tuberculosis				Hemophilia			
Pneumonia				Seizure Disorder			
Diabetes				Asthma			
Eczema				Heart Condition			
Any bone/muscle condition				Kidney Disease			
Muscular Dystrophy				Anemia			
Serious head injury							

2. Is your child prone to the following?

	Yes	No		Yes	No
Frequent headaches			Tonsilitis		
Fainting			Nose bleeds		
Frequent colds			Frequent urination		
Shortness of breath			Stomach upset		
Strep throat			Nervous habits		
Ear infections			Dizzy spells		
Hearing problems			Other (please explain)		

*If you answered yes to any of the above, please elaborate: _____

Please complete reverse side

3. Does your child wear any of the following?

	Yes	No
Glasses		
Hearing Aids		
Orthopedic device		

4. Does your child take daily medication? Yes No

If yes, name of medication: _____

Condition for which medication is given: _____

Will medication need to be taken at school? Yes No

5. Does your child have allergies? Yes No

If yes, please indicate type of allergy:

Food: _____ Medication: _____

Environment: _____ Animals: _____

Other: _____

Please describe past allergic reaction: _____

Does your child require medication for the allergy? Yes No

If yes, what is the medication? _____

6. List any surgery, serious illness or injuries, and any hospitalizations: _____

7. Are there any health problems that could interfere with your child's school activities?

Yes No If yes, please explain: _____

8. Does the school nurse have your permission to inform school staff of health issues

identified above on a need-to-know-basis ? Yes No

Parent/Guardian Signature

Date

Please note: It is your responsibility to keep the school advised of any changes in the above information.