

Parent/Guardian Questionnaire

Child's Name: _____

Please answer yes or no for the following questions.

Has your child ever attended Pawtucket Schools? _____

Does your child (has your child in the past) receive/received these services:

ESL _____

IEP (Special Education) _____

What school did your child last attend: _____

Your relationship to child: _____

Parent/Guardian signature _____

Date _____

Pawtucket School Department
286 Main Street
Pawtucket, RI 02860
Fax: 401-729-6527
E-mail: asselink@psdri.net

REQUEST FOR STUDENT RECORDS

Student's Name _____

Date of Birth _____

Entering Grade _____

Former School Attended

Name of School _____

Address _____

City _____ State _____

Telephone Number _____ Fax Number _____

Last Grade Completed _____

Has your child ever attended public school in Pawtucket? _____ Yes _____ No

If yes, which school(s) did your child attend? _____

The above named student has enrolled in our school system. Please send all educational, psychological, medical and immunization records.

Authorization to Release Student Records

I have enrolled my child _____ in the Pawtucket School System and authorize you to allow all school records to this school system.

Signature of Parent

Date

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teacher with the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.

ADDRESS VERIFICATION POLICY

Parent(s) or Legal Guardian(s) of students who were not enrolled in the Pawtucket School System for the preceding school year shall be required to submit 3 written evidence of residency prior to enrollment. Evidence will consist of the parent's or legal guardian's purchase/sales agreement, rental lease, property tax receipt or utility bill such as gas, electric, telephone or cable, payroll stub, bank statement, health insurance statement, car insurance statement, or federal, state or local correspondence dated within 30 days.

The Parent(s) or Guardian(s) will be further required to execute a sworn affidavit attesting that they are legal parent(s) or guardian(s) and that the student resides with them. The affidavit shall also certify that the parent(s) or guardian(s) agree to notify the Superintendent of Schools within ten (10) days of a change in the residence of the student.

The Parent(s) or Guardian(s) of all students shall be required to complete an affidavit and provide evidence of residency, as specified above, prior to the end of the second week of the school year.

AFFIDAVIT OF RESIDENCY

I hereby certify that I am the parent/legal guardian of _____
who resides with me at _____

Pawtucket, Rhode Island. Furthermore, I hereby agree that I will be responsible to notify the Superintendent of Schools of the Pawtucket School Department should I, or my child/ward change our residence to an address outside of the City of Pawtucket.

I also realize that in order to attend the Pawtucket School System it is necessary that my child/ward be a resident of the City of Pawtucket. Accordingly, I hereby agree to be responsible for reasonable tuition for my child/ward should his/her residence change to outside the City of Pawtucket.

This responsibility shall run from the date of child/ward change of address until the date upon which the Superintendent of Schools is notified of such change of address.

Parent/Legal Guardian Signature
(Affidavit of Residency)
(Signed under the pains and penalty of perjury)

Date

PAWTUCKET SCHOOL DEPARTMENT
HEALTH SURVEY

Student's Name _____

Date of Birth _____

Student sees a medical specialist: Yes or No

Explain _____

Name	Specialty	Office Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies

Reaction

Medications _____

Food _____

Other _____

Epipen: Yes or No (If yes provide a copy of Emergency Allergy Plan)

***Vision Concern:** Yes or No

Explain _____

Glasses _____

Contact lenses _____

***Hearing Concern:** Yes or No Explain _____

***Student has seen a dentist:** Yes or No Dentist/Clinic Name _____

***Asthma:** Yes or No (If yes, provide a copy of Asthma Action Plan)

Intermittent Mild Moderate Severe Exercise induced

***Diabetes:** Yes or No Type 1 Type II (If yes, provide a copy of Diabetic Care Plan)

***Seizures:** Yes or No Explain _____

***Heart Murmur/Defect:** Yes or No Explain _____

***Kidney Disease:** Yes or No Explain _____

***Lead Exposure:** Yes or No Explain _____

***Tuberculosis exposure:** Yes or No Explain _____

***Student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience:** Yes or No

Explain _____

***Student takes medication:** Yes or No

Name	Dose	Frequency	Daily	As Needed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Student has had a serious injury or broken bone:** Yes or No
Explain _____

***The student has Medical Insurance:** Yes or No

Would like insurance information: Yes or No

Specific concerns that have not been

addressed: _____

Signature of Parent/Guardian _____ Date _____

OVER THE COUNTER MEDICATION POLICY FORM

TO ALL PARENTS OR GUARDIANS:

Please complete the Over the Counter Medication Policy Form below.

IT IS IMPERATIVE THAT WE RECEIVE A FORM FOR EACH CHILD REGISTERED IN OUR SCHOOLS.

_____ Yes, I give the school nurse permission to administer the following over the counter medications as needed: Ibuprofen, Tylenol, Benadryl, and an antacid, as well as throat lozenges.

_____ No, I **do not** wish the nurse to administer any over the counter medications to my child.

Please answer the following questions regarding your child:

Child's Name _____ Classroom # _____

Allergies _____

Medical Problems _____

Medication Taken _____

Other information regarding your child you would like the School Nurse and/or School Department Employees to know _____

Please be informed that the above information will be shared with Pawtucket School Employees as needed.

Signature of Parent/Guardian _____ Date _____

EMERGENCY DISMISSAL FORM

(For parents/guardians of elementary children ONLY)

In the event of emergency school closing, ALL parents/guardians should plan to have someone at home to receive and supervise their children should such an emergency arise. In order to meet this responsibility, the school is asking all parents or legal guardians to inform the school of their arrangements to meet this type of emergency.

CHECK ONE:

_____ A parent/legal guardian, designated adult, or an older child will be at home to supervise children.

_____ Child has been instructed to go to the home of:

NAME _____

Address _____

Telephone No. _____

Student's Name

Parent/Legal Guardian Signature

Date