



135 Prairie Avenue | Providence | Rhode Island | 02905  
Phone: (401)-270-9007 | Fax: (401)-270-6595

## STUDENT INFORMATION 2024-2025

STUDENT INFORMATION			
<b>Student's Full Name:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	<b>Grade:</b>
Home Address:			
What language is spoken at home:			
What language would you like to receive information in?			
Are you Hispanic or Latino?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I identify my race as: <i>(please check all that apply)</i>			
<input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> White			
<input type="checkbox"/> American Indian or Alaskan Native			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			

<b>FOR OFFICE USE ONLY</b>	<b>Start Date:</b>
<b>SASID:</b>	<b>LASID:</b>

SouthSide Elementary Charter School  
135 Prairie Avenue | Providence | Rhode Island | 02905  
Phone: (401)-270-9007 | Fax: (401)-270-6595

Updated: 3/21/2024



## PARENT/GUARDIAN INFORMATION

<b>1. Parent/Guardian Name</b>		
<b>Relation to Student</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other/self/sibling <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caseworker <input type="checkbox"/> Court system		
<b>Date of Birth:</b>		<b>Gender:</b>
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Windowed		
Home Address (if different from student):		
Preferred Phone:		Alternative Phone:
Email Address:		
<b>2. Parent/Guardian Name</b>		
<b>Relation to Student</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other/self/sibling <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caseworker <input type="checkbox"/> Court system		
<b>Date of Birth:</b>		<b>Gender:</b>
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Home Address (if different from student):		
Preferred Phone:		Alternative Phone:
Email Address:		



**Who is the best person to contact during the day (check one)?**

Parent/Guardian 1       Parent/Guardian 2

Do you prefer:       Phone       Email       Both

## EMERGENCY CONTACTS

1. Name:	Phone:
Can pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to student:
2. Name:	Phone:
Can pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to student:
3. Name:	Phone:
Can pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to student:

STUDENTS WILL NOT BE RELEASED TO ANYONE WHO IS NOT LISTED ON YOUR PICK UP LIST.

If you need to have someone who is not on the pickup list pick up your child, then you must notify the school **and** fill out a ***Student Change of Information Form*** to add them to your emergency contact list.

**(Be advised that at the time of pick up the adult must present a valid ID.)**



## TRANSPORTATION ARRANGEMENTS

How will your child get to school in the morning? (check one)

Bus       Drop off       Other (please explain): \_\_\_\_\_

How will your child go home in the afternoon?

Pickup @ 3:00pm \_\_\_\_\_       Extended Day Program

If your child will be participating in the Extended Day Program, how will your child go home?

Pickup @ 4:00pm       Bus       Other (please explain) \_\_\_\_\_

## PICK UP/EARLY DISMISSAL

In the event of an unplanned early dismissal due to inclement weather or other unforeseen event please indicate the dismissal arrangement for your child. Check one:

Bus       Pickup



## EMERGENCY MEDICAL TREATMENT

I give my permission for \_\_\_\_\_  
(Child's name)

\_\_\_\_\_ (Social security number) \_\_\_\_\_ (Date of birth)

to receive medical treatment at any time due to an emergency.

\_\_\_\_\_  
Parent/Guardian Signature

### PLEASE PROVIDE HEALTH INSURANCE INFORMATION

Check the name of your health insurance company:

- Blue Cross    United Health Care    Neighborhood Health Plan    Harvard Pilgrim Health  
 Medicaid    Tufts    Other (please fill in): \_\_\_\_\_

Policy Number: \_\_\_\_\_

PHYSICIAN NAME:

PHONE:

ADDRESS:

Any allergies to medicine or food?

Medications student is taking presently:

Is student being treated for any medical conditions:  Yes    No

If yes, please explain:

**\*\*IT IS MANDATORY THAT THIS FORM IS FILLED OUT IN ORDER FOR YOUR CHILD TO BEGIN THE SCHOOL YEAR AT SS AND TO PARTICIPATE IN OFF CAMPUS ACTIVITIES. \*\***

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## DISPENSING MEDICINE IN SCHOOL

Since SouthSide does not have a full-time nurse, any student who must take medication during school hours must self-medicate. Medications are kept in the school office, and the students will come to the office to self-medicate.

In addition, the parent/guardian and the child's physician must sign this permission slip in order for the child to self-medicate. An exception may be made for students with asthma who always need their inhalers with them. For those students, parents and physicians need to complete the prescribed inhaler medication permission form.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

I understand the school health policy as stated above and I agree to the limitations as described in the policy.

Is the child capable of self-medication?  Yes  No

Name & Dosage of Medication: \_\_\_\_\_

Directions of dispensing: \_\_\_\_\_

Physician's Diagnosis: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_



## PREScribed INHALER MEDICATION

Dear Parent,

For some students with asthma, the prescribed inhaler medications must be easily accessible to them to function normally at school. School policies that require inhalers to be locked in school official's offices can result in interference in the medical needs of the student. Thus, the student is not properly using his/her inhaler under these circumstances.

The nurse is recommending that those students whose parents or guardian and their physician feel that they have sufficient maturity to control the use of their inhaled medications, should be allowed to retain their inhaler in their possession during school hours. We recommend that you discuss this with your child's doctor and return this slip to school if you are interested. The parent will also need to discuss the proper use of this medication at school with their child, reminding the student that it cannot be shared with others or used irresponsibly.

Sincerely,

*Wendy Randle*

Wendy Randle  
Director of Education

I give permission for \_\_\_\_\_ to retain his/her inhaler during school hours for the treatment of asthma symptoms.

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_



## OVER-THE-COUNTER MEDICATION AUTHORIZATION 2024-2025

**Student Name:**

**Grade:**

SouthSide Elementary Charter School will administer over the counter medications approved by a child's parent/guardian under the discretion of the school nurse. A limited amount of commonly prescribed medicines (Tylenol, Motrin, Benadryl, Tums, Anbesol, & Saline Eyedrops) will be available for treatment of minor illnesses during the school day.

The following over the counter medications (or their generic equivalent) may be given to my child:

<b>MEDICATION</b>	<input checked="" type="checkbox"/>	<b>SYMPTOMS</b>
Tylenol	<input type="checkbox"/>	Fever/mild pain
Motrin	<input type="checkbox"/>	Fever/mild pain
Benadryl	<input type="checkbox"/>	Allergic reaction, rash, itching
Tums	<input type="checkbox"/>	Minor stomach discomfort
Anbesol	<input type="checkbox"/>	Toothaches
Eye Drops	<input type="checkbox"/>	Eye irritation

**Parent/Guardian Signature:**

**Date:**





## AUTHORIZATION FOR RELEASE FOR RECORDS

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Previous School: (Please print):

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

I hereby authorize and request you to release the complete school/confidential records in your possession pertaining to my child, including but not limited to:

- Grades
- Attendance
- Educational
- Psychological/medical
- IEP or Special Education Evaluations
- Free & Reduced-price school meals application **and** eligibility decision

To: SouthSide Elementary Charter School

ATTN: Director of Education

135 Prairie Avenue

Providence, RI 02905.

Fax: 401-270-6595

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Date: \_\_\_\_\_



## PHOTOGRAPH & PUBLICITY RELEASE FORM

I, \_\_\_\_\_, give SouthSide Elementary Charter School, permission to use my child's name, likeness, image, voice, and/or appearance as such in any pictures, photos, video recordings, audiotapes, and digital images. I further grant SouthSide Elementary Charter School and its representatives the right to reproduce, use, exhibit, display, broadcast, and distribute these images and recording in any media now known or later developed for promoting, publicizing or explaining SouthSide Elementary Charter School and its activities and for administrative, educational, or research purposes. Photographs, video images and voice recordings are the property of SouthSide Elementary. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release SouthSide Elementary and its agents from any and all claims which arise out of or are any way connected with such use.

I have read and understood this consent and release.

***I give my consent*** to SouthSide Elementary Charter School to use my child's name and likeness to promote SouthSide Elementary, its fiscal agents, and/or their activities.

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

***I DO NOT give my consent*** to SouthSide Elementary Charter School to use my child's name and likeness to promote SouthSide Elementary, its fiscal agents, and/or their activities.

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date



## DOCUMENTS NEEDED FOR ENROLLMENT

### THE FOLLOWING DOCUMENTS ARE REQUIRED AND MUST BE SUBMITTED BEFORE YOUR CHILD STARTS SCHOOL AT SOUTHSIDE CHARTER ELEMENTARY SCHOOL:

COMPLETED/SIGNED REGISTRATION FORMS

STUDENT'S PROOF OF AGE (BIRTH CERTIFICATE, PASSPORT, ETC. - MUST BE THE ORIGINAL DOCUMENT, A COPY WILL BE MADE, ORIGINAL WILL BE RETURNED TO YOU)

PARENT/GUARDIAN PHOTO ID

IMMUNIZATIONS & PHYSICAL EXAM (MUST BE THE MOST RECENT PHYSICAL / VACCINATION RECORDS (WITHIN THE LAST 12 MONTHS))

PROOF OF RESIDENCY IN PROVIDENCE (LEASE, RENTAL AGREEMENT, UTILITY BILL, BANK STATEMENT(MORTGAGE), OR A PAYSTUB (DATED WITHIN 60 DAYS))

COMPLETED HOME LANGUAGE SURVEY

COMPLETED HOUSEHOLD INCOME SURVEY

### THE FOLLOWING DOCUMENTS ARE NOT REQUIRED, BUT ARE REQUESTED UPON/PRIOR TO STARTING SCHOOL AT SOUTHSIDE:

MOST RECENT REPORT CARD FROM PREVIOUS SCHOOL (IF APPLICABLE)

IEP/SPECIAL EDUCATION RECORDS (IF APPLICABLE)

# STUDENT TECHNOLOGY & INTERNET RESPONSIBLE USE AGREEMENT

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

The use of technology can be valuable for a student's education. Use of SSECS owned technology and school internet access is a privilege, which may be authorized as well as withdrawn. Students are expected to be aware of and abide by the following:

## 1. STUDENT PERSONAL SAFETY

Personal contact information may not be entered on internet sites open to public access. This includes student address, phone numbers, personal email addresses, and other personal information.

## 2. EXPECTATION OF PRIVACY

Students do not have an expectation of privacy in files, disks, documents, email, etc. which have been used or created with school equipment.

## 3. PROHIBITED COMPUTER AND DEVICE USES – Students are prohibited from:

- ❖ Accessing, storing, or creating offensive, profane, or explicit files/software, applications
- ❖ Damaging, altering, or modifying school owned hardware or software
- ❖ Attempting to bypass computer security
- ❖ Downloading and using non-approved software
- ❖ Unauthorized use during class time
- ❖ CYBERBULLYING – Harming, defaming, or harassing any individual will NOT be tolerated.

## 4. INTERNET USE

Students may use school internet access ONLY WHEN AUTHORIZED by school administration.

## 5. DISCIPLINARY ACTIONS

Disciplinary actions will be taken pursuant to this agreement (e.g – loss of technology privilege, etc.)

SouthSide Elementary Charter School uses GoGuardian to help keep our community of students safe when they are online.

GoGuardian Teacher is a classroom management tool for Chromebooks. The software collects data on student online activity, which then allows teachers to keep students on task during class.

Notably, GoGuardian filtering and GoGuardian Teacher are only active and collecting data when a student is using a SouthSide device, or SouthSide Google account.

GoGuardian does not apply to students using external email addresses on their personal, home, or private digital devices.

**FOR FURTHER INFORMATION, PLEASE CONTACT THE SCHOOL ADMINISTRATION.**

# STUDENT TECHNOLOGY & INTERNET RESPONSIBLE USE AGREEMENT

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

## STUDENT AGREEMENT

If I, \_\_\_\_\_, have the opportunity to use SSECS's computer equipment and internet access, I will do so subject to the provisions of the Student Technology and Internet Responsible Use Agreement. By writing my name below, I agree to those terms.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

## PARENT AGREEMENT

By signing my name below, I give permission for my child to use SSECS's computer and internet, subject to the provisions of the Student Technology and Internet Responsible Use Agreement.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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 purposes<sup>1</sup>.*

*Thank you for your collaboration.*

<b>Student Name:</b>		
<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Date of Birth:</b>		<b>Place of Birth<sup>2</sup>:</b>
<i>Month</i>	<i>Day</i>	<i>Year</i>
<i>Parent or Guardian Relationship to student:</i>		
<input type="checkbox"/> <i>Mother</i> <input type="checkbox"/> <i>Father</i> <input type="checkbox"/> <i>Other</i> _____		
<b>Home Language Code:</b>		

<b>Language Background</b> <i>(Please check all that apply)</i>		
<b>1. What is the primary language used in the home, regardless of the language spoken by the student?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <i>Specify</i>
<b>2. What is the language most often spoken by the student?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <i>Specify</i>
<b>3. What is the language that the student first acquired?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <i>Specify</i>
<b>4. What language(s) does your child understand?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <i>Specify</i>
<b>5. What language(s) does your child speak?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak <i>Specify</i>
<b>6. What language(s) does your child read?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read <i>Specify</i>
<b>7. What language(s) does your child write?</b>	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write <i>Specify</i>

<sup>1</sup> Required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f))

<sup>2</sup> Families are not required to provide the place of birth, but providing the information can help LEAs to better prepare to be culturally responsive.

Last Updated: 4/30/2020

Telephone (401)222-4600 Fax (401)222-6178 TTY (800)745-5555 Voice (800)745-6575 Website: [www.ride.ri.gov](http://www.ride.ri.gov)

The R.I. Board of Education does not discriminate on the basis of age, sex, sexual orientation, gender identity/expression, race, color, religion, national origin, or disability.

## Family Interview – Educational History

1. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*    No    Not sure

           \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?     Minor     Somewhat severe     Very severe

2a. Has your child ever been referred for a special education evaluation in the past?     No     Yes\*

\*If referred for an evaluation, has your child been identified?     No     Yes\*

\*If referred for an evaluation, and identified has your child ever received any special education services in the past?

No     Yes – Type of services received: \_\_\_\_\_

2b. Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention)     3 to 5 years (Special Education)     6 years or older (Special Education)

2c. Does your child have an Individualized Education Program (IEP), or 504 plan?     No     Yes

3. In which language do you prefer to receive oral communications from the school or district?

English     Other

\_\_\_\_\_ Specify

4. In which language do you prefer to receive written communications from the school or district?

English     Other

\_\_\_\_\_ Specify

5. Indicate date first enrolled in ANY U.S. school \_\_\_\_\_

(mm/dd/yyyy)

Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian

Month:    Day:    Year:

Date

\_\_\_\_\_  
 Print Parent/Guardian Name

### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS

Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Oral Interview Necessary:     YES     NO

Date of Individual Interview: \_\_\_\_\_  
 Month    Day    Year

### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING THE LANGUAGE SCREENING ASSESSMENT

Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

### NAME/POSITION OF QUALIFIED PERSONNEL REPORTING THE LANGUAGE SCREENING SCORES

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Screener: \_\_\_\_\_  
 Month    Day    Year

Name of the Language Screening Assessment: \_\_\_\_\_

Score achieved: \_\_\_\_\_

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone (401)222-4600    Fax (401)222-6178    TTY (800)745-5555    Voice (800)745-6575    Website: [www.ride.ri.gov](http://www.ride.ri.gov)

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## SouthSide Elementary Charter School

### Household Income Survey School Year 2024-2025

Please fill in the survey below, then sign and return to the school.

#### PART I: What Children Live in Your Home?

List Name of Child(ren) in School (K through grade 12)			Name of School	Grade Level	Foster Child? Y or N
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

#### PART II: How many people are in your Home?

Circle the number of people in your home:    1    2    3    4    5    6    7    8    Other \_\_\_\_\_

#### PART III: Does anyone in your house hold get SNAP or RI Works Benefits?

If yes, fill in below. Then skip to PART V

Does any member of your Home get SNAP or RI Works Benefits?  
 If yes, write their:  
 Name: \_\_\_\_\_ and Case Number: \_\_\_\_\_

#### PART IV: Who has Income in Your Home? (if you listed a name & case number above, skip this part)

**Gross Home Income and how often it was received:**

List Home Members	Amount if Paid Once a Week	Amount if Paid Twice a Month	Amount if Paid Every 2 Weeks	Amount if Paid Once a Month	Amount if Paid Once a Year
1..	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
All other Income	\$	\$	\$	\$	\$

#### PART V: Adult Signs

*I promise this information provided is true. I have included all income.*

\_\_\_\_\_

Date
Sign as the Adult Household Member
Print Your Name Here

---

Family Address (number, street, city, state)
Phone number or Cell Phone number



**1. Who should I count in “Home Size”?**

- Include yourself and all people living in your home who share income and expenses.
  - This could include children, foster children, grandparents, other relatives, or friends who live with you.

**2. What is counted in “Total Home Income”?**

- **Gross earnings from work:**
  - Gross income is the amount **earned before** taxes and other deductions are taken out of your pay - it’s not your “take-home” pay!
  - Gross earnings usually can be found on your pay stub.
  - Net income should only be listed for self-owned business, farm, or rental income.
- **RI Works, Child Support, Alimony**
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits**
- **Military Housing Allowances and Combat Pay:**
  - Include off-base housing allowances.
- **All Other Income:**
  - Worker’s compensation
  - Unemployment or strike benefits
  - Regular contributions from people who do not live in your household, and
  - Any other income received.
- **Do not include income from:**
  - WIC
  - Federal education benefits and
  - Foster payments received by your household.
  - Military Privatized Housing Initiative or combat pay

**Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

**Have you lost your job recently?** Enter zero for income

**3. How do I list income if some people are paid weekly, or twice per month, or every 2 weeks, monthly, or once a year?**

Here are some examples of how to list income on the front of this survey:					
List Home Members who have income:	Amount if Paid <u>Once a week</u>	Amount if Paid <u>Twice a Month</u>	Amount if Paid <u>Every 2 Weeks</u>	Amount if Paid <u>Once a Month</u>	Amount if Paid <u>Once a Year</u>
1. Mary Bazil	If Mary earns \$175 each week – list it here		If Mary earns \$20 every 2 weeks – list it here	If Mary gets \$100 each month in child support – list it here	
2. David Waters		If David earns \$233 2 times a month – list it here		If David receives \$75 from SSI each month – list it here	

**SCHOOL USE ONLY**

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

Total Income \$: _____ per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice A Month <input type="checkbox"/> Month <input type="checkbox"/> Year Household size: _____	<b>Up to 100% of FPG based on:</b> <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/> income <input type="checkbox"/> Head Start <input type="checkbox"/> SNAP or RI Works <input type="checkbox"/> Foster Child <input type="checkbox"/> Household’s Income	<b>Between 100% and 185% of FPG based on:</b> <input type="checkbox"/> Household’s income	<b>Over 185% of FPG based on:</b> <input type="checkbox"/> Household’s Income
--	--	--	--

Signature of Determining Official \_\_\_\_\_ Date \_\_\_\_\_

*The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99).*

**School Name & Address:**  
 SouthSide Elementary Charter School  
 135 Prairie Avenue, Providence, RI 02905

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:

1. ASTHMA: No  Yes  If yes, complete an [Asthma Action Plan](http://www.health.ri.gov/publications/actionplans/2012Asthma.pdf) ( [www.health.ri.gov/publications/actionplans/2012Asthma.pdf](http://www.health.ri.gov/publications/actionplans/2012Asthma.pdf) )

2. 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](http://www.foodallergy.org/document.doc?id=234) ( [www.foodallergy.org/document.doc?id=234](http://www.foodallergy.org/document.doc?id=234) )

3. DIABETES: No  Yes  If yes, complete a [Physicians Order Form For Students With Diabetes](http://www.health.ri.gov/forms/school/PhysicianOrdersForStudentsWithDiabetes.pdf) ( [www.health.ri.gov/forms/school/PhysicianOrdersForStudentsWithDiabetes.pdf](http://www.health.ri.gov/forms/school/PhysicianOrdersForStudentsWithDiabetes.pdf) )

4. 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: \_\_\_\_\_

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

**HEALTH CARE PROVIDER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_



135 Prairie Avenue | Providence | Rhode Island | 02905  
 Phone: (401)-270-9007 | Fax: (401)-270-6595

## KINDERGARTEN FAMILY QUESTIONNAIRE

<b>STUDENT NAME:</b>	<b>DATE OF BIRTH:</b>
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### PART 1A - CHILD BIOGRAPHY

Has your child attended preschool? <input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, Name of the Program/School:
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What were his/her favorite activities at preschool?

Did your child receive Early Intervention services (i.e., speech therapy, occupational therapy) as part of his/her preschool or Head Start program?	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If yes, please list the services that he/she received)</i>
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>> Does your child have an IEP or an IFSP?	<input type="checkbox"/> NO <input type="checkbox"/> YES
--	--

>> If so, do you have a copy?	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(if yes, please provide the school with a copy)</i>
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>> Has your child ever received in-home services?	<input type="checkbox"/> NO <input type="checkbox"/> YES
---	--

Write 3 words to describe your child:	
---------------------------------------	--

What are your child's strongest social skills?	
--	--

What social skills does your child need to work on?	
---	--

Does your child have any fears or sensitivities?	
--	--

Does your child have a hard time separating from you? (i.e., to go to preschool/daycare or when you go somewhere without him/her)	
---	--

What will your child do before and after school?	
--	--

What are your biggest fears about sending your child to school?	
---	--

One hope and dream I have for my child this year is:	
--	--



## PART 1B – YOUR CHILD’S COMMUNICATION SKILLS

*Please respond as it relates to your child’s PRIMARY language (the language your child uses most often):*

My child is able to speak in complete, logical sentences.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
My child is able to carry on a conversation for several turns	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
My child is able to understand 2-3 step directions.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
My child is able to listen to and retell short stories or picture books.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
My child’s speech is clear and understandable to people outside the family.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
Do you have any questions or concerns regarding your child’s speech, language or communication skills?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never

## PART 2 – FAMILY STRENGTHS

Family Member Name:	
Relation to Child:	
What is your country of origin?	
How long have you been in the US?	
What language(s) do you mostly speak, read, write?	<p><b>SPEAK:</b>  <input type="checkbox"/> ENGLISH    <input type="checkbox"/> SPANISH    <input type="checkbox"/> OTHER _____</p> <p><b>READ/WRITE:</b>  <input type="checkbox"/> ENGLISH    <input type="checkbox"/> SPANISH    <input type="checkbox"/> OTHER _____</p>
Are you currently working?	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> NOT WORKING  <input type="checkbox"/> LOOKING FOR WORK <input type="checkbox"/> IN SCHOOL
What is your occupation?	
What is your contact information at work?	
Is it ok to call you there?	<input type="checkbox"/> YES <input type="checkbox"/> NO



What do you and your family like to do together?	
Are there talents and skills that you would like to share with parents or students in the classroom?	
My worst experience with a school in the past was...	
If your child doesn't listen when you make a request, what/how do you handle the situation?	
What are the best days and times for you to participate in school meetings and events?	
What days and time do NOT work for you?	

### PART 3 – SOUTHSIDE COMMUNITY

- Yes**, I would like to share my contact information with other Kindergarten parents to get in touch with me over the summer and to schedule play dates.
- No**, please do not share my contact information for privacy reasons.

### PART 4 – YOUR CHILD

Is there anything else you'd like us to know about your child?

