

**Little Compton School Department
Wilbur & McMahon Schools**

**STUDENT
REGISTRATION
PACKET**

- Birth certificate and immunization record must be presented prior to school entrance.

WILBUR & MCMAHON SCHOOL
STUDENT BIOGRAPHICAL DATA

Please Print

NAME: _____

ADDRESS: _____

CITY: _____

MAILING: _____

STATE: _____ **ZIP:** _____

PHONE NO. _____

STUDENT LIVES WITH:
 Circle: Mother / Father / Both / Guardian / Other

PARENT OR GUARDIAN
RELATIONSHIP to student: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMPLOYER: _____

HAS CUSTODY **YES** **NO**

e-mail: _____

HmRmTeacher _____

HmRm _____

GRADE _____

SOC. SECURITY # _____

BIRTH DATE _____

GENDER _____

PARENT OR GUARDIAN _____

RELATIONSHIP to student: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

HOME PHONE _____

WORK PHONE: _____

CELL PHONE: _____

EMPLOYER: _____

HAS CUSTODY? **YES** **NO**

email: _____

EMERGENCY CONTACT OTHER THAN PARENT

NAME _____

RELATIONSHIP _____

TEL # _____

NAME _____

RELATIONSHIP _____

TEL # _____

DOCTORS NAME _____

Doctor's Phone # _____

MEDICAL ALERT? [IF YES, STATE BELOW]
ALERT _____

Hospital & Comments _____

IN ADDITION TO THE PERSONS LISTED- STUDENTS MAY BE RELEASED TO FOLLOWING

NAME	RELATIONSHIP	TEL #
_____	_____	_____
NAME	RELATIONSHIP	TEL #
_____	_____	_____
NAME	RELATIONSHIP	TEL #
_____	_____	_____

IS EITHER PARENT EMPLOYED BY THE FEDERAL GOVERNMENT?
 YES **NO**

DATE / /

SIGNATURE _____

RELATIONSHIP _____

*** This form will replace our student information cards
 Please correct and return to school as soon as possible.
 Thank You

WILBUR & MCMAHON SCHOOLS

28 Commons – P.O. Box 178
Little Compton, RI 02837-0178
Telephone: (401) 635- 9593
Fax: (401) 635 –2191
www.littlecomptonschools.org

Dr. Harold G. Devine
Superintendent

Mr. James M. Gibney
Principal

April, 13, 2010

Dear Parent(s) or Guardian(s):

Little Compton kindergarten registration and screening time is again approaching:

In accordance with state law, any child who will be five by September 1, 2010 is eligible to register for kindergarten. Registration packets will be made available at the Wilbur and McMahon School and may be picked up between the hours of 9:00 AM and 2:00 PM. Completed packets must be returned to the school. Please note that students who are new to the school system and enrolling in grades one through eight may also register at this time.

When you receive your registration packet, please be sure to read through the enclosed materials carefully, follow all instructions, and provide all necessary information and paperwork. For registration to be official and complete, it will be necessary for you to present an original birth certificate, passport, or certificate of overseas birth. (Please note that the traditional hospital certificate of birth, with footprints and a gold foil seal, is NOT an official birth certificate and cannot be accepted as such.) The school will photocopy this information for your child's permanent school record and return the original to you. Also, a complete immunization record, signed by a doctor or his designee must be presented. For students to enter a public or private school, Rhode Island law requires the following immunizations and screenings:

- Three (3) doses of hepatitis B vaccine
- Five (5) doses of DTaP (diphtheria, tetanus, pertussis) vaccine
- Four (4) doses of polio vaccine
- Two (2) doses of MMR (measles, mumps, rubella) vaccine
- Two (2) doses of varicella (chickenpox) vaccine or a statement signed by your child's doctor stating that your child has a history of chickenpox disease.
- Lead screening test
- Vision screening
- Pre-dental exam (recommended)

... dedicated to preparing students for educational and life experiences ...

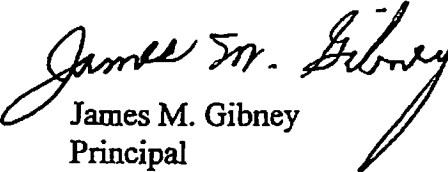
The Little Compton School Department in conjunction with the Child Outreach Program will be providing kindergarten screenings in the month of May at the Wilbur and McMahon School. Child Outreach conducts appropriate developmental testing for pre-kindergarten children between the ages of 3 and 5 in order to determine a child's readiness for school and address any special needs the child may have. You will have the opportunity to schedule an appointment for this free screening for your kindergarten student when you return the completed registration packet. Please also note that Child Outreach screenings for any other children you have between the ages of 3 and 5 can be scheduled at anytime during the school year by calling Child Outreach at 683-3570.

Along with the screening opportunity, an hour long Kindergarten Orientation will be offered for all parents of incoming kindergarten students in August. Invitations will be mailed to registered kindergarteners this summer.

If you do not have a kindergarten-aged child, please pass this notice on to any relatives, friends, and/or neighbors who do, or any parent of a 3-4 year old that may be interested in having a free pre-kindergarten screening.

Thank you.

Sincerely,


James M. Gibney
Principal

REGISTRATION FORM
Wilbur & McMahon Schools
Little Compton, Rhode Island

FOR OFFICE USE ONLY

STUDENT ID# _____	IMMUNIZATION RECORD ATTACHED? _____
SCHOOL _____	BIRTH CERTIFICATE ATTACHED? _____
REGISTRATION DATE _____	TEACHER _____
ADMISSION DATE _____	ENTERING GRADE _____
BUS NUMBER _____	REGISTRAR _____

STUDENT'S NAME _____ HOME PHONE NUMBER: _____

ADDRESS _____ STUDENT'S ETHNICITY (optional): BLACK (NOT HISPANIC)

ASIAN/PACIFIC ISLANDER

HISPANIC

NATIVE AMERICAN

WHITE (NOT HISPANIC)

DATE OF BIRTH: _____ Male ___ Female ___ BIRTHPLACE: _____

HOW LONG DO YOU INTEND TO RESIDE IN THE AREA? _____

CHILD'S SIBLINGS:

NAME _____	DATE OF BIRTH _____	NAME _____	DATE OF BIRTH _____
------------	---------------------	------------	---------------------

NAME _____	DATE OF BIRTH _____	NAME _____	DATE OF BIRTH _____
------------	---------------------	------------	---------------------

HAS YOUR CHILD ATTENDED PRE-SCHOOL? ___ FULL DAY ___ HALF-DAY ___ PUBLIC ___ PRIVATE

HAS YOUR CHILD ATTENDED KINDERGARTEN? ___ FULL DAY ___ HALF-DAY ___ PUBLIC ___ PRIVATE

NAME OF LAST SCHOOL ATTENDED? _____ DATES ATTENDED _____

ADDRESS (INCLUDE CITY, STATE, ZIP) _____

PHONE NO. _____ FAX NO. _____

MY CHILD WILL BE ENTERING GRADE _____ IF HELD BACK, NOTE GRADE AND YEAR _____

HAS YOUR CHILD BEEN EVALUATED FOR OR RECEIVED ANY SUPPORT SERVICES? ___ YES ___ NO

IF YES, PLEASE CHECK ANY AREA(S) IN WHICH YOUR CHILD IS CURRENTLY RECEIVING SERVICE(S):
___ IEP ___ 504 ___ READING ___ MATH ___ SPEECH ___ RESOURCE ___ SPECIAL ED ___ OTHER (PLEASE NOTE) _____

HAS YOUR CHILD BEEN EVALUATED FOR/PARTICIPATED IN A PROGRAM FOR GIFTED STUDENTS? ___ YES ___ NO

PLEASE LIST BELOW THE NAME OF THE PARENT(S)/GUARDIAN(S) WITH WHOM THE STUDENT RESIDES.

MOTHER _____

FATHER _____

CHECK ONE: PARENT STEP PARENT LEGAL GUARDIAN

CHECK ONE: PARENT STEP PARENT LEGAL GUARDIAN

CELL PHONE NO. _____

CELL PHONE NO. _____

OCCUPATION _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____

EMPLOYER'S ADDRESS _____

EMPLOYER'S PHONE NO. _____

EMPLOYER'S PHONE NO. _____

PLEASE COMPLETE REVERSE SIDE OF THIS FORM.

STUDENT'S NAME _____

IF YOUR CHILD IS RESIDING WITH ONLY ONE PARENT, AND THE OTHER PARENT IS LIVING, PLEASE LIST THE NAME OF THE NON-CUSTODIAL PARENT BELOW.

NAME _____

DOES THIS PARENT HAVE FULL RIGHTS? ____ YES ____ NO

ADDRESS _____

IS THERE A NO CONTACT ORDER IN EFFECT? ____ YES ____ NO

HOME PHONE NO. _____

IF YES, DOCUMENTATION MUST BE PROVIDED.

OCCUPATION _____

EMPLOYER _____

EMPLOYER'S PHONE NO. _____

EMPLOYER'S ADDRESS (INCLUDE CITY, STATE, ZIP) _____

PLEASE LIST THE NAME OF SOMEONE TO BE CONTACTED IN THE EVENT MOTHER OR FATHER CANNOT BE REACHED. (THIS PERSON MUST BE LOCAL AND WILLING TO PICK-UP YOUR CHILD AT SCHOOL AND ASSUME RESPONSIBILITY IN THE CASE OF ILLNESS OR INJURY.)

NAME _____ PHONE NO. _____ RELATION TO CHILD _____

NAME _____ PHONE NO. _____ RELATION TO CHILD _____

Student Name _____

Affirmation of Residency Form For Little Compton Schools

The aforementioned student must be a legal resident of Little Compton. Proof of residency may include lease agreement, government housing form, tax bill, recently dated utility bill, or any combination as required by the School Department.

The undersigned hereby certifies that this student is legally residing permanently with me at the aforementioned address and is not merely in residence only to attend school in Little Compton. Should student's address change at any time, I will immediately notify the Little Compton School Department.

I understand that should student fraudulently register for school or becomes a non-resident and remains in school, I will be personally responsible for payment of tuition at the prevailing rate.

Pursuant to the Rhode Island General Laws Section 11-18-1 (false documents), and Section 11-33-1 (perjury), I certify that the provided information is true and may be relied upon in enrollment in the Little Compton Public Schools at public expense.

11-18-1. GIVING FALSE DOCUMENT TO AGENT, EMPLOYEE, OR PUBLIC OFFICIAL. --
NO PERSON shall knowingly give to any agent, employee, or servant in public or private employ, or public official any receipt, account, or other document in respect of which is false or erroneous, or defective in any important particular, and which, to his knowledge, is intended to mislead the principal, master, employer, or state, city, or town of which he is an official. Any person who violates any of the provisions of this section shall be deemed guilty of a misdemeanor, and shall, on conviction thereof, be imprisoned with or without hard labor, for a term not exceeding one (1) year, or be fined not exceeding one thousand dollars (\$1,000).

173 PERJURY AND FALSE SWEARING- 11-33-1. PERJURY-- Every person of whom an oath or affirmation is or shall be required by law, who shall willfully swear or affirm falsely in regard to any matter or thing respecting which such oath or affirmation is or shall be required, shall be deemed guilty of perjury.

Signature of Adult

Relationship to Student

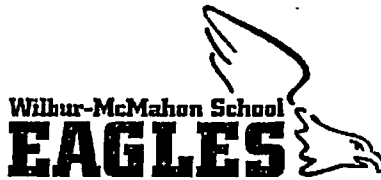
Date

Subscribed and Sworn to pursuant to Rhode Island General Laws this _____ day of _____, 200__

Notary Public

Printed name of Notary _____

Printed address of Notary _____



28 Commons – P.O. Box 178
Little Compton, RI 02837-0178
Telephone: (401) 635- 9593
Fax: (401) 635 –2191
www.littlecomptonschools.org

Mr. James M. Gibney
Principal

Dr. Harold G. Devine
Superintendent

Home Language Survey

STUDENT's NAME _____

DATE OF BIRTH _____ GRADE _____

Please answer each question by circling the appropriate letter. If you circle "O" for other please specify which language.

1. What language do you most often use when speaking to your child?
E English
O Other _____
2. What language did your child first learn to speak?
E English
O Other _____
3. What language does your child most often use when speaking to brothers, sisters, and other children at home?
E English
O Other _____
4. What language does your child most often use when speaking with you or other adults in the home?
(Grandparents, aunts, uncles, cousins, guests)
E English
O Other _____
5. What language does your child often use when speaking with friends or neighbors, outside the home?
E English
O Other _____

Signature of Parent or Guardian _____

Date _____

SUMMARY OF HEALTH AND IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY

**A complete immunization record must be submitted on or before the first day
of school**

❖ Medical history and physical examination:

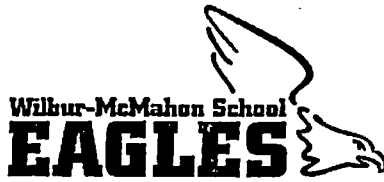
(must be completed 12 months before to 6 months after school entry).

Required for:

- **Students entering Kindergarten**
- **Students entering 7th grade**
- **Students who have not been previously enrolled in a public or non-public school in the State of Rhode Island.**

❖ Immunizations and Screenings:

- **Three (3) doses hepatitis B vaccine**
- **Five (5) doses of DTP (diphtheria, tetanus, pertussis) vaccine (must have last dose after age 4)**
- **Four (4) doses of polio vaccine (must have last dose after age 4)**
**** (if #3 of an all-IPV or all-OPV series is given after age 4, dose #4 is not needed)**
- **Two (2) doses of MMR (measles, mumps, rubella) vaccine**
- **Two (2) doses of varicella (chickenpox) vaccine or a statement signed by the physician stating that your child has had the chickenpox disease**
- **Evidence of Lead testing (required for children entering kindergarten)**
- **One (1) dose of meningococcal conjugate (meningitis) vaccine (required for children entering 7th grade)**
- **Pre-entrance dental exam (required for children entering kindergarten)**
- **Vision screen (required for children entering kindergarten)**



28 Commons -- P.O. Box 178
Little Compton, RI 02837-0178
Telephone: (401) 635-9593
Fax: (401) 635-2191
www.littlecomptonschools.org

Mr. James M. Gibney
Principal

Dr. Harold G. Devine
Superintendent

PRE-ENTRANCE DENTAL FORM

Child's Name: _____ Grade: _____

Child's Address: _____

As of January 1990, the state of Rhode Island recommends a pre-entrance dental exam. Please have your dentist examine your child and return this form to the school nurse as soon as possible.

Name of Dentist: _____

Dentist's Address: _____

Dentist's Phone No.: _____

Report and comments:

All necessary work has been completed _____

Treatment is in progress _____

No treatment is necessary _____

Signature of Dentist: _____ Date: _____

LITTLE COMPTON SCHOOL DEPARTMENT
STUDENT HEALTH HISTORY

Dear Parent or Guardian,

Please fill out this health history form as completely as you can so that the school will have all of the necessary information to safe-guard your child's health and well-being during school hours. Thank you.

Student's Name _____ D.O.B. _____ Grade _____

Address _____ Phone _____

Parent/Guardian _____ Address(H) _____ Phone _____
(Father) Occupation _____ Address(W) _____ Phone _____

Parent/Guardian _____ Address(H) _____ Phone _____
(Mother) Occupation _____ Address(W) _____ Phone _____

Emergency Contact _____ Address _____ Phone _____
Emergency Contact _____ Address _____ Phone _____

Family Physician _____ Address _____ Phone _____

BIRTH HISTORY

(students entering kindergarten)

Mother's health during pregnancy _____ Length of pregnancy _____
Complications at birth _____

PERINATAL HISTORY

(students entering kindergarten)

Birthweight _____ Length _____ Health at birth _____

SOCIAL HISTORY

(students entering kindergarten)

Behavioral (thumbsucking, nailbiting, etc.) _____

Activities of daily living (naps, toileting, appetite, etc.) _____

MEDICAL HISTORY

Allergies (insects, medications, foods, environment, etc.) List type of reaction and date of last reaction_____

Asthma_____ Known asthma triggers_____

Asthma management_____

Please indicate and note the year your child has had any of the following:

- | | |
|-------------------------------|-----------------------------|
| Ear infections_____ | Tonsillitis_____ |
| Chickenpox_____ | Diabetes_____ |
| Strep Infections_____ | Respiratory infections_____ |
| Heart condition_____ | Headaches_____ |
| Seizures_____ | Diabetes_____ |
| Speech problems_____ | Hearing problems_____ |
| Vision problems_____ | Emotional concerns_____ |
| Hepatitis_____ | Kidney Disease_____ |
| Lead_____ | Lyme Disease_____ |
| Measles_____ | Tuberculosis_____ |
| Musculoskeletal Disorder_____ | Poliomyelitis_____ |
| Mumps_____ | Whooping Cough_____ |
| Sickle Cell_____ | Rheumatic Fever_____ |
| Scarlet Fever_____ | Pneumonia_____ |
| Cancer_____ | Diphtheria_____ |

Is there a family history of: Diabetes?_____ Cancer?_____

 Asthma?_____ Allergies?_____

Has your child had any serious illnesses, accidents or operations?_____

Does your child wear glasses, braces, hearing aid or any corrective device?_____

Does your child have any condition that may interfere or influence his/her learning experience? _____

Does your child have any physical disabilities? _____

Is your child able to participate in full physical activity? Yes _____ No _____

Other health concerns _____

Is your child currently on medication? (Please indicate name of medication and reason). _____

Will your child require medication while at school?(Please indicate name of medication and reason) _____

Parent/Guardian Signature _____ Date _____

**Little Compton Public Schools
Computer and Internet Acceptable Use Policy**

**Student-Parent/Guardian Acceptance and Permission
For
Computer and Internet Use**

The Parent/Guardian:

As the parent/guardian of the student named below I have read the Little Compton School Department's "Internet Acceptable Use Policy" and I understand and agree to all of the provisions, rules, and regulations outlined within. I hereby give permission for my child to use the Internet service provided by the Little Compton Public Schools. I do understand that my child is required to follow this policy. I further understand that there is a potential for my son/daughter to access information on the Internet that is inappropriate for students and that every reasonable effort will be made on the part of the faculty and staff of the Little Compton School Department to restrict access to such information but that my son/daughter is ultimately responsible for restricting himself/herself from inappropriate information.

_____ I request that my son/daughter be granted computer and internal network access. I give permission for my son/daughter to be granted Internet access.

_____ I request that my son/daughter be granted computer and internal network access. I request that my son/daughter be denied Internet access and be provided alternative activities not requiring Internet use.

_____ I request that my son/daughter be denied all computer access, including internal network and Internet access.

Print Parent/Guardian's
Name

Parent/Guardian's Signature

Date

The Student (user):

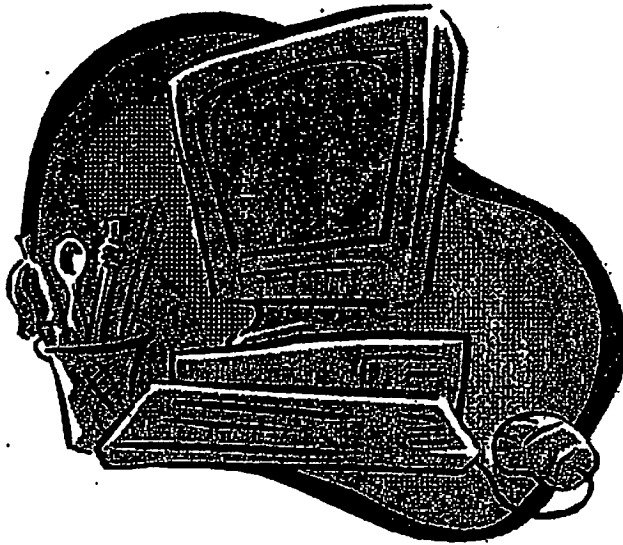
I have received my parent/guardian's permission and read the Little Compton School Department's Computer and Internet Acceptable Use Policy and I understand and agree to all of the provisions, rules, and regulations outlined within. I understand that any violation of the guidelines will result in immediate suspension of my computer and Internet privileges. As a result of such violation, further disciplinary measures may be taken.

Print Student's Name

Student's Signature

Date

Grade



Wilbur McMahon LIST SERVE

Receive the latest school news through e-mail!

If you haven't already joined, please e-mail ride4503@ride.ri.net or fill out the form below.

Please provide your first and last name, and e-mail address.

Please note:

This will be a READ only list serve. You will not be able to respond directly.

Please add my name to the Wilbur McMahon List Serve!

Name _____

Email Address _____

Please Note: If you have previously submitted this form and wish to remain on the list, there is no need to resubmit this information.