

RSU/MSAD #64 Student Registration Form

Student Information

Student's

 Legal Name: _____ Gender: M F
First Middle Last Suffix

Birth Date: _____ City, State, & Country of Birth: _____ Date Entered US: _____

The following questions are mandated by the Department of Education to be in compliance with federal reporting requirements and are not optional:

1. Is the individual Hispanic/Latino? (choose one):
-
- Yes
-
- No
-
2. Is the individual from one or more of the following races (choose at least one):
-
- American Indian or Native Alaskan
-
-
- Asian
-
- Black or African American
-
- Native Hawaiian or Other Pacific Islander
-
- White

The following information is requested by the Department of Education to be in compliance with federal reporting requirements and is optional:

3. Is the individual a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard?
-
- Yes
-
- No
-
4. Is the individual a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?
-
- Yes
-
- No

Enrollment Information

Grade: _____ Start Date: _____ School of Enrollment: _____

Prior School Name: _____

Prior School's Address: _____

 Native English Speaker: Yes No City _____ State _____
If no, what is student's primary language? _____

 Resident Town: _____ Does Student have an IEP or 504 Plan? IEP 504 N/A
Parent/Guardian Information

Parent/Guardian

 Legal Name: _____ Relationship to Student _____
First Middle Last
The following questions are mandated by the Department of Education to be in compliance with federal reporting requirements and are not optional:

1. Is the individual Hispanic/Latino? (choose one): Yes
-
- No
-
2. Is the individual from one or more of the following races (choose at least one):
-
- American Indian or Native Alaskan
-
-
- Asian
-
- Black or African American
-
- Native Hawaiian or Other Pacific Islander
-
- White

 Physical Address _____ Does student reside with you at this address? Yes No
 Mailing Address if different from above: _____ Birth Date: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 E-mail: _____

Parent/Guardian

 Legal Name: _____ Relationship to Student _____
First Middle Last
The following questions are mandated by the Department of Education to be in compliance with federal reporting requirements and are not optional:

1. Is the individual Hispanic/Latino? (choose one): Yes
-
- No
-
2. Is the individual from one or more of the following races (choose at least one):
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- American Indian or Native Alaskan
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- Asian
-
- Black or African American
-
- Native Hawaiian or Other Pacific Islander
-
- White

 Physical Address _____ Does student reside with you at this address? Yes No
 Mailing Address if different from above: _____

Home Phone: _____

Cell Phone: _____

Birth Date: _____

E-mail: _____

Work Phone: _____

- If the student lives within the District with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.
- If a custodial parent/guardian wishes the school to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.
- If the student is an emancipated minor, a certified copy of the court order must be attached.

Sibling Information

Please list below all siblings or members of student's household that are attending school:

Name:			Date of Birth	Grade	School
<i>First</i>	<i>Middle</i>	<i>Last</i>			

Emergency Contact Information

Please list persons you give permission to assume responsibility for your child in the event you cannot be reached:

Name	Phone Number	Relationship to Student

Health Information

Physician's Name: _____

Phone: _____

Address: _____

Date of last physical exam: _____

Health problems the school should be aware of:

In event of accident or serious injury school may contact physician. If the physician is unreachable, school may make whatever arrangements seem necessary.

Requests or _____

Immunization Records:

Immunization records (signed statement from health provider specifying immunizations received, dates and dosages). Immunization is required for poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, measles, mumps and rubella. Student's in Pre K, K, Grades 1, 2, 3, 6, 9 and 10 are also required to show proof of immunity to varicella (chicken pox). (20-A M.R.S.A. § 6352-6359 and Chapter 126 of the Maine Department of Education Rules)

Non-immunized students are not permitted to attend schools unless one of the following conditions is met (please check applicable box):

_____ Parent/legal guardian provides written assurance that child will be immunized within 90 days of this application (this option is only available once in the student's school years); OR
 _____ Parent/legal guardian provides a written statement from a physician that immunization against one or more diseases may be medically inadvisable (required each year); OR
 _____ Parent/legal guardian provides written statement that immunization is contrary to their religious, moral or philosophical beliefs, or other personal reason (required each year).

Birth Certificate:

_____ Certified copy. Maine Law requires that a certified copy of a student's birth certificate shall be presented to the school within 60 days of enrollment (usually presented when student registers for kindergarten; will be required of transfer students if a copy is not included in the transfer records).

I, _____ hereby attest that the information provided by me on this Student Registration Form is true and correct to the best of my knowledge and belief.

Date _____ Signature of Parent/Guardian _____
 Please Print Name: _____

TRANSFER STUDENTS ONLY COMPLETE THIS SECTION

Student Education/Disciplinary Records from Previous School:

Name of school that student is transferring from _____
 Address _____
 (Street, PO Box) City State Zip Code
 Name of Principal _____ Telephone No. _____ Student's grade level _____
 Reason for transfer _____

Has the student ever been expelled from school? _____ Yes _____ No
 Has the student ever been suspended from school? _____ Yes _____ No
 Did the student withdraw from the school before an expulsion hearing? _____ Yes _____ No
 Did the student withdraw from school before a suspension? _____ Yes _____ No
 If the answer to any question is yes, please attach a written statement of the circumstances.

The applicant is hereby notified that RSU/MSAD No. 64, in accordance with 20-A M.R.S.A, § 6001-B, shall request all of the student's education and disciplinary records from the school he/she is transferring from. RSU/MSAD No. 64 may also request an oral or written report from the previous school as to whether the student has been expelled or suspended, or withdrew from school before an expulsion or suspension.

If the student has been expelled or suspended, or withdrew from school before an expulsion hearing or suspension, the student will not be allowed to enroll in an RSU/MSAD No. 64 school until the Superintendent has made a determination as to whether to admit the student and if so, under what conditions.

If an applicant is allowed to enroll in an RSU/MSAD No. 64 school pending receipt of education and disciplinary records, such enrollment shall be considered conditional until the Superintendent has made a determination as to the student's disciplinary status in the previous school.

SCHOOL USE ONLY:

School _____ Grade _____ Birth Record Verified _____ Immunization Record Verified _____
 Map Completed _____ Transfer of Pupil Records Form Completed _____