

# RSU/MSAD 54 - APPLICATION FOR ENROLLMENT

## Registration/Transfer Student:

The following information and certifications are required before a new or transfer student will be considered for admittance to RSU/MSAD 54 schools.

## Student Information

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

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Arrival date in U.S. (if applicable): \_\_\_\_\_

Has this student been enrolled in a MSAD #54 school before? \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

## Ethnicity:

Is this student Hispanic/Latino (choose one): \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

Is this student from one or more of the following races? (choose at least one): \_\_\_\_\_

American Indian or Alaska Native

YES \_\_\_\_\_ NO \_\_\_\_\_

Asian

YES \_\_\_\_\_ NO \_\_\_\_\_

Black or African American

YES \_\_\_\_\_ NO \_\_\_\_\_

Native Hawaiian or Other Pacific Islander

YES \_\_\_\_\_ NO \_\_\_\_\_

White

YES \_\_\_\_\_ NO \_\_\_\_\_

## Parent/Guardian Information:

Relationship \_\_\_\_\_

First \_\_\_\_\_

Last \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

First \_\_\_\_\_

Last \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

First \_\_\_\_\_

Last \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## FOR OFFICE USE ONLY

School: \_\_\_\_\_

Teacher/HR: \_\_\_\_\_

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

PS Student #: \_\_\_\_\_

State #: \_\_\_\_\_

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

Birth Certificate on File: YES NO

Verified by: \_\_\_\_\_

Immunization Records: YES NO

Consent for MECare Access: YES NO

Student Last Name:

Student First Name:

Relationship First

Last

Home Address

Home Phone:

Work Phone:

Cell Phone:

Relationship First

Last

Home Address

Home Phone:

Work Phone:

Cell Phone:

Please let us know if your child is a dependent of a member of the Active-Duty Forces:

Military Connection Choices:

☐ Active Duty | ☐ Full Time National Guard | ☐ Part-time National Guard or Reserve | ☐ Not Military Connected

Student lives with (check all that apply):

O Yes ONo Father

Email Address:

O Yes ONo Mother

Email Address:

O Yes ONo Legal Guardian

Email Address:

O Yes ONo Other (Name & Relationship):

O Yes ONo If the student lives in the District with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.

O Yes ONo If a custodial parent/guardian wishes the RSU/MSAD 54 schools to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.

O Yes ONo If the student is an emancipated minor, a certified copy of the court order must be attached.

O Yes ONo If the student is homeless, he/she should discuss his/her situation with the Principal or designee.

O Yes ONo If the student lives in the District with a parent who has gained primary residency/custody status for the student through a court order or a divorce decree, a certified copy of the court order or divorce decree must be attached.

Please let us know if your child has access to a device and Internet for online work.

Connectivity Choices: Please complete for both homes if there is shared custody.

Home 1 O Student has Internet access at home | O Student has a laptop/tablet to work online at home

Home 2 O Student has Internet access at home | O Student has a laptop/tablet to work online at home

Parent/Guardian Certification of Residency/Custody

I certify that I live with the student named above at the street address identified above. I understand that the RSU/MSAD 54 school district reserves the right to require proof of residency/custody, and that I have the burden of proof regarding residency/custody. If this residency/custody information changes, I agree to bring it to the immediate attention of RSU/MSAD 54.

Date: Signature:

Printed Name:

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### Student Education/Disciplinary Records from Previous School

Name of school student is transferring from: \_\_\_\_\_ Student's current grade: \_\_\_\_\_

Address of school: \_\_\_\_\_ School Phone: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

☐ Yes ☐ No Is the student currently subject to expulsion from the school from which he/she is transferring OR has the student withdrawn from the school before an expulsion hearing or suspension?

If the answer is 'Yes', please attach a written statement of the circumstances. If the student has been expelled, suspended, or withdrew from school before an expulsion hearing or suspension, the student will not be allowed to enroll in RSU/MSAD 54 schools until the Superintendent has made a determination as to whether to admit the student and if so, under what conditions.

The applicant is hereby notified that RSU/MSAD 54, in accordance with 20-A M.S.R.A. 6000-1B, shall request all of the student's education and disciplinary records from the school he/she is transferring from. RSU/MSAD 54 may also request an oral or written report from the previous school as to whether the student has been expelled, suspended, or withdrew from school before an expulsion hearing or suspension.

If the applicant is allowed to enroll in RSU/MSAD 54 schools 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.

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### Immunization Records

☐ Yes ☐ No Is your child covered by insurance? Insurance Company Name: \_\_\_\_\_

☐ Yes ☐ No Immunization records provided (signed statement from health provider specifying immunizations received, dates, and dosages). Immunization is required for poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, measles, mumps, rubella and varicella (chicken pox). Implementation of the varicella immunization requirements follows 20-A M.R.S.A 6352-6359 and Chapter 126 of the Maine Department of Education Rules.

**(Skip this section if immunization records are provided) Non-Immunized students are not permitted to attend schools unless one of the following conditions is met (please check applicable box):**

- ☐ Yes ☐ No Parent/legal guardian provides a written statement that child will be immunized within 90 days of this application (**this option is only available once in the student's school years**); OR
- ☐ Yes ☐ No 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
- ☐ Yes ☐ No Parent/legal guardian provides written statement seeking exemption from immunizations on the basis of religious, philosophical, or personal objection (**required each year**).

# Special Education Services

Student Last Name:

Student First Name:

Does your child have a Medicaid/MaineCare ID number?

☐ Yes ☐ No If yes, please provide here \_\_\_\_\_

If 'YES', MSBS Consent for Release of Information form must be completed with all required information, signed and included at the time of application and verified here:

MSBS consent form signed/submitted:

☐ Yes ☐ No

Has your child:

Repeated a grade?

☐ Yes ☐ No If yes, which one? \_\_\_\_\_

Received Special Education Services?

☐ Yes ☐ No If yes, which subjects? \_\_\_\_\_

Received Title I Help?

☐ Yes ☐ No If yes, which subjects? \_\_\_\_\_

Received Gifted & Talented Programming?

☐ Yes ☐ No If yes, which subjects? \_\_\_\_\_

Does your child have a 504 Plan?

☐ Yes ☐ No

Is your child receiving treatment in any of the following areas?

Medical ☐ Yes ☐ No \_\_\_\_\_

Physical Therapy ☐ Yes ☐ No \_\_\_\_\_

Hearing ☐ Yes ☐ No \_\_\_\_\_

Occupational Therapy ☐ Yes ☐ No \_\_\_\_\_

Vision ☐ Yes ☐ No \_\_\_\_\_

Behavior ☐ Yes ☐ No \_\_\_\_\_

Speech ☐ Yes ☐ No \_\_\_\_\_

Attendance Problems ☐ Yes ☐ No \_\_\_\_\_

Comments:

## Contact & Emergency Information

Please notify the school of any changes in this information during the school year.

LastFirst: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
School: \_\_\_\_\_ Student Cell: (\_\_\_\_) \_\_\_\_\_ Street: \_\_\_\_\_  
Grade\_Level: \_\_\_\_\_ Birthdate: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ City: \_\_\_\_\_  
Advisor/HomeRoom: \_\_\_\_\_ Zip \_\_\_\_\_ State: \_\_\_\_\_

Please review information for other responsible adult/guardian/stepparent living in the home and the Emergency Contacts listed below.  
Please add or edit any contact information that needs updated. Please note the 'Receives Alert' preference is restricted to adults living with the student full or part-time.

Flags Legend: C = Custody L = Lives With S = School Pickup E = Emergency Contact P = Parent Portal R = Receives Alert

	Name / Relationship / Employer	Phone Numbers	Email Addresses	Address						
					Custody	Lives With	School Pickup	Emergency	Parent Portal	Receives Alert
1										
2										
3										
4										
5										
6										
7										
8										

**Alert Solutions/SwiftK12:** You can now update your own preferences for Alert Notices. Please log into PowerSchool and on the left side you will see an icon for SwiftK12. Click on that icon to bring you to your alert settings. Please change the settings to receive your alerts on the phone(s) and emails you currently use. Please be sure to inform the school of any changes in contact information.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

## Contact & Emergency Information

Please notify the school of any changes in this information during the school year.

### Maine Military Family Indicator:

(Please request a Maine Military Family Indicator form if there is a change in status.)

Active Duty | Full Time National Guard | Part-time National Guard or Reserve | Not Military Connected

Please list brothers, sisters and all children living in the home. (Attach another sheet of paper if additional space is needed.)

Name: _____	Age: _____	Birthdate: _____	School: _____
Name: _____	Age: _____	Birthdate: _____	School: _____
Name: _____	Age: _____	Birthdate: _____	School: _____
Name: _____	Age: _____	Birthdate: _____	School: _____
Name: _____	Age: _____	Birthdate: _____	School: _____

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Current allergies, health problems and medications. If your child needs medications or treatments during the school day, please contact the school nurse.

### Computer Access Permission:

Current computer access and publishing on school web pages permissions are listed below.  
The school will supply with the our Policies and Permissions form.

Acceptable Use Form on File:

Student Image can appear on school web site:

Student has Internet access at home:

Student Work can appear on the school web site:

Student Name can appear on school web site:

*In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary. \*\*\**

By signing below, I also confirm I have reviewed and updated the information on this form, and I acknowledge that my child/the student and I have read and understand the expectations noted in the Student Handbook.

Signature of Parent/Legal Guardian : \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_

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

PowerSchool Parent Access: If you have already created your Username and Password please use the Forgot Password or Username for support from PowerSchool. If you do not have a Parent Login, you will need to create one. To create your Parent Access please go to the Parent Portal and click the Create Account tab. Use the Access Keys listed below to create your Parent Login Password and Username.

TRANSFER OF PUPIL RECORDS FORM

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

MSAD #54 school entered: **Skowhegan Area High School**

This is to certify that I, \_\_\_\_\_, the parent or legal guardian of the child or children listed below do hereby request that the educational and medical records of the below listed child or children be transferred to:

**Skowhegan Area High School, 61 Academy Circle, Skowhegan, ME 04976**

FROM: \_\_\_\_\_

\_\_\_\_\_  
(name and address of school)

Parent or legal guardian privileges and obligations under the Family Education Rights and Privacy Act are:

1. Notification of the transfer.
2. If desired, a copy of records may be obtained with cost of copying provided by parent or legal guardian.
3. An opportunity for a hearing to challenge the content of the records be provided.

I have been informed and understand my rights regarding the transfer of pupil records.

\_\_\_\_\_  
Signature of parent or legal guardian

**\*PLEASE INCLUDE HEALTH RECORDS AND  
GRADES TO DATE OF WITHDRAWAL**

Name of Child	DOB	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RSU 54/MSAD 54  
RESIDENCY AFFIDAVIT

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

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

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

I, \_\_\_\_\_ declare that I am the parent or legal guardian of

\_\_\_\_\_ and I reside at the following address in the town of \_\_\_\_\_  
(student's name)

Legal Residence: \_\_\_\_\_  
(physical address)

Verification of residency may be submitted by the following means:

\_\_\_\_\_ Utility bill indicating legal residence (electricity, phone, oil, gas)

\_\_\_\_\_ Lease Agreement or rent payment receipt indicating legal residence and landlord's address and phone number

\_\_\_\_\_ Driver's license, car registration or insurance card

\_\_\_\_\_ Social Services papers (i.e. Social Security, TANF, Homeless Shelter Verification)

\_\_\_\_\_ Documentation of home ownership from the town office of Canaan, Cornville, Mercer, Norridgewock, Skowhegan or Smithfield

\_\_\_\_\_ Other \_\_\_\_\_ (requires Superintendent's approval)

I hereby certify that this information is true and correct. I authorize RSU 54/MSAD 54 to independently verify this information. Misinformation will result in RSU 54/MSAD 54 requesting the student attend school in the actual school system of residence.

\_\_\_\_\_  
Signature

Registrar: Please verify by placing your initials next to the appropriate line to verify residency.



**Jonathan D. Moody**  
Superintendent of Schools

**Mark P. Hatch**  
Assistant Superintendent

**David A. Leavitt**  
Support Services Manager

July 8, 2020

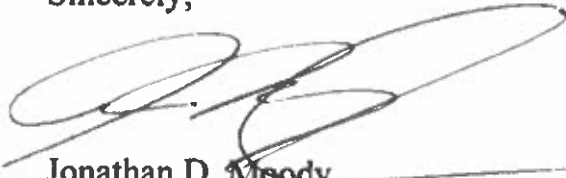
Dear Parent/Guardian:

State of Maine law requires you to provide your child's birth certificate when you register him or her for school. A copy of your child's birth certificate is essential for student registration. Thank you if you have already provided your child's birth certificate.

If a birth certificate is not immediately available, you have 60 days to provide one to your child's principal. After 60 days, the State authorizes the school district to assess a fine to parents who fail to comply with this law. It is essential that you provide a copy of your child's birth certificate.

In advance, thank you for your cooperation. If you have any questions, please feel free to contact your child's principal.

Sincerely,



**Jonathan D. Moody**  
Superintendent of Schools for RSU 54/MSAD 54

**Regional School Unit 54**  
**School Transportation Information**

Office Use Only

Grade:  
Enrollment date:  
Practice bus:

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

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

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

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

School Attending \_\_\_\_\_

Grade \_\_\_\_\_

**KINDERGARTEN/FIRST GRADE ONLY**

**There must be an adult visible when dropping off your child:**

**YES \_\_\_\_\_ Adult present.**

**NO \_\_\_\_\_ Adult not present.**

**NOTE: IF YOU ANSWER YES, AND NO ADULT IS VISIBLE, YOUR CHILD WILL BE RETURNED TO THEIR SCHOOL. YOU WILL BE RESPONSIBLE FOR PICKING UP YOUR CHILD.**

\_\_\_\_\_  
**Parent Printed Name**

\_\_\_\_\_  
**Parent's Signature**

☐ **Does not ride bus. Walker, or Parent will Transport.**

**If your child will ride the bus, please turn over and complete the other side.**

**SCHOOL BUS TRANSPORTATION**

**A.M.**

☐ **Home**

**DAYS:** ☐ **Weekly**    **OR**    **M T W TH F**  
*(Circle days for this drop if not weekly)*

☐ **Alternate Stop**

**DAYS:** ☐ **Weekly**    **OR**    **M T W TH F**  
*(Circle days for this drop if not weekly)*

(Ex. Daycare, Other parent's household)

Alt Stop Name \_\_\_\_\_ Alt. Stop Phone: \_\_\_\_\_

Alt Stop Address \_\_\_\_\_

**P.M.**

☐ **Home**

**DAYS:** ☐ **Weekly**    **OR**    **M T W TH F**  
*(Circle days for this drop if not weekly)*

☐ **Alternate Stop**

**DAYS:** ☐ **Weekly**    **OR**    **M T W TH F**  
*(Circle days for this drop if not weekly)*

(Ex. Daycare, Other parent's household)

Alt Stop Name \_\_\_\_\_ Alt. Stop Phone: \_\_\_\_\_

Alt Stop Address \_\_\_\_\_

### **Notice to parents of students riding school buses**

A student's privilege to ride a school bus is conditional to the observance of the following rules. Parents of the students are responsible for the supervision of the child until they board the bus in the morning and when the child disembarks the bus at the end of the school day. **Students will only be allowed to ride their assigned bus. These rules apply to daily riding, field trips and sport trips.**

1. All pupils must be at stop 5 minutes prior to bus stop time. The bus cannot wait for those who are tardy. Pupils should wait for the bus at least 10 feet from the edge of the road. Pupils crossing the road should be 10 feet from the front of the bus along the road edge where they can see the driver. The driver will signal to the child when it is safe to cross. Pupils must not go near any bus when it is moving.
2. The driver is in charge of the bus and pupils. Students must obey the driver promptly and address the driver courteously. **All pupils will be assigned a seat on the bus for the year** unless the driver needs to change seating.
3. When the bus is in motion, pupils must be seated facing the front until the bus comes to a complete stop. They must not sit sideways, backwards, stand, or move about the bus. Pupils will ask permission to open windows and will keep all body parts inside the bus at all times.
4. Pupils will help keep the bus clean. Pupils shall not throw things on the bus or out the windows. Pupils will not leave anything in the aisle; this includes backpacks, feet, musical instruments, sports equipment, etc. No eating or drinking on the bus at any time. Pupils will not spit out the windows or on the bus.
5. No electronics are allowed on the buses without driver approval. Cell phone or laptops should be used only with the driver's permission. Volume should not be so loud that others are able to hear it.
6. Pupils will not use any toxic substances or chemicals like hair spray, nail polish or remover, perfume or cologne etc on the bus. Pupils will not light matches or use lighters. The use of tobacco products, drugs or intoxicating beverages is strictly forbidden on any bus.
7. Animals (including reptiles, insects, etc in containers) are never allowed on the bus for any reason. Balloons or glass containers are not allowed on the bus.
8. Use of foul language is forbidden. This includes profane, vulgar, obscene language or swearing. All conversations should be clean. Student's conversations should not be loud or boisterous. Students should not holler.
9. Pupils will not damage the bus. Possession or use of weapons or replicas of weapons on a school bus are prohibited.
10. Pupils should treat each other with courtesy. Fighting, pushing, or tripping is forbidden, pupils should keep hands and feet to themselves.

### **SPECIAL REQUESTS**

1. No pupil will leave the bus except at their authorize stop. If a child is to leave the bus anywhere other than home or school, a written request with the alternate address is needed from the parent **and** written permission is received from the principal.
2. There will be no additional riders unless there is **extra room on the bus**.
3. Students with projects that take up a lot of space or large musical or sports equipment should find an alternate ride to school

### **CONSEQUENCES OF DISOBEYING THESE RULES**

An **incident report slip** must be **signed** by parent/ guardian and **returned to the bus driver the next morning**. Students will **not be permitted to ride the bus without the signed copy of the slip**. When a child receives an **incident report slip**, the Building Administrator (Principal) will determine the consequences of the incident. The privilege of pupils to ride the school bus is conditional on observance of these rules. **Suspension from the school bus does not excuse the pupil from attending school. The parent /guardian will be responsible for the pupil's conveyance and failure to provide this shall be considered a violation of the truancy law.**

**Jonathan D. Moody**  
Superintendent of Schools

**Mark P. Hatch**  
Assistant Superintendent

**David A. Leavitt**  
Support Services Manager

Dear MSAD 54 Parents, Guardians and Students,

The nursing staff of MSAD54 is very prepared to welcome students back. Returning safely to school will require a team effort. The MSAD54 nurses are here to help as you work to make decisions about the health and well-being of your child and determine if they are able to attend school.

MSAD54 is asking parents and guardians to pre-screen children, prior to school each day. On the back of this letter is the document developed by the Maine Department of Education to assist you with this process – the **COVID-19 Pre-Screening Tool for School Attendance**. Please post this tool in your home. Refer to the tool daily, prior to sending your child to school. If the answer to any of the questions is “yes” do not send your child to school. Call the school to let them know about your child’s absence.

In respect to COVID-19 decisions, here are the answers to frequently asked questions about illness in school:

- **Will my child be sent home for minor complaints – such as runny nose?**
  - No, not necessarily. The district nurses will be using nursing judgement and following guidance provided by the Maine division of the American Academy of Pediatrics and supported by the DOE and the CDC in making decisions about sending a child home from school for illness.
- **Will I need a doctor’s note for everything?**
  - No, not necessarily. If your child is sent home with certain symptoms, or a combination of symptoms, we may request they be seen by a doctor and a doctor’s note be provided, prior to return to school. We may ask for this more often than in the past, as we work hard to keep schools in session and students and staff well.
- **What if I am not sure if I should send my child to school, based on the results of the COVID-19 Pre-Screening tool? For example, I answered “no” to all questions, but my child does not feel well?**
  - Please keep your child home until you can have a conversation with the school nurse. As nurses we plan to err on the side of caution, and we hope parents will do the same.
- **Should my child get a flu shot?**
  - **YES!** Now, more than ever, the flu shot is very important. Flu symptoms are very similar to COVID-19 symptoms. Getting the flu shot will help prevent these symptoms related to the flu and help keep children in school during the flu season. More information will be sent home in the coming weeks about the annual school sponsored flu clinics – please be on the lookout for this important information!

Clearly, returning to school will involve cooperation, coordination and communication between parents and guardians and the school, especially with the school nurse. Returning to school is a community effort. All of the strategies we are using, and requiring of parents, are meant to provide a safe environment for staff, students and families.

Deb Lancaster, RN  
Shannon Puccio, RN

Krista Ryder, RN  
Stephanie Voter, RN

Jennifer Bess, RN

MSAD 54  
PARENT/GUARDIAN--ECONOMIC STATUS FORM  
(Required for all students, please complete!)

Dear Parents/Guardians:

This form will provide information needed by the Maine Department of Education to determine.

MSAD 54/RSU 54 's eligibility status for State Economically Disadvantaged funds available under the Essential Programs & Services Funding Act. Data in this form is not for school lunch purposes, only to determine economic disadvantaged status\*. If you have any questions, please call the office at 207-474-9508. This form should be returned with your registration packet.

Note: MSAD 54 does not share any personal information from this form. **We urge you to please fill this form out accurately. MSAD 54 and our local taxpayers benefit by accurately reporting this information as we receive subsidy from the federal government for each family that qualifies.** Thank you!

Please use the table below as guidance to determine your student's economic status. If household income is less than the Annual or Monthly earnings for your household size in the chart below, then your student meets the economic disadvantaged status criteria. Household size includes adults and children.

Economically Disadvantaged FREE CATEGORY GUIDELINES			Economically Disadvantaged REDUCED CATEGORY GUIDELINES	
Household Size	Annual Earnings Less Than	Monthly Earnings Less Than	Annual Earnings Less Than	Monthly Earnings Less Than
1	18,954	1,580	26,973	2,248
2	25,636	2,137	36,482	3,041
3	32,318	2,694	45,991	3,833
4	39,000	3,250	55,500	4,625
5	45,682	3,807	65,009	5,418
6	52,364	4,364	74,518	6,210
7	59,046	4,921	84,027	7,003
8	65,728	5,478	93,536	7,795
Additional	6,682	557	9,509	793

Student's Last Name	Student's First Name	Current Grade	Check One		
			Meets Free	Meets Reduced	Does Not Qualify

Please duplicate this form for additional children. Return this form to your child's school upon registering or by September 8, 2023

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

Printed Name of Parent: \_\_\_\_\_

\* Economically disadvantaged status is defined as students who are included in the department's count of students who are eligible for free or reduced-price meals or free milk or both. 20-A MRSA §15672(3).



**THIS PROGRAM DOES NOT REPLACE AN EXAM BY A DENTIST.**

Dear Parent or Guardian:

A Dental Hygienist from Smile Patrol will see your child during school hours to provide an oral inspection, cleaning, oral hygiene instruction, fluoride varnish, sealants, temporary fillings, and/or Silver Diamine Fluoride (SDF)\*. Please complete all three sections and return this permission slip **ONLY** if you want your child to receive this treatment. After treatment, a report will be sent home with our findings. We will notify you if your child needs immediate attention by a dentist. **If you do not want your child treated, do not fill out and return this form.**

If there are any medical changes in your child's health during the year, please notify Smile Patrol. If you choose to withdraw your child after returning this slip, you must contact Smile Patrol.

**If you have any questions, please call Chandra Kane. IPDH at 717-8272 or email [SmilePatrol@hotmail.com](mailto:SmilePatrol@hotmail.com).**

"SDF is an antibiotic liquid applied to cavities to slow and stop tooth decay until a dentist can see your child. SDF may cause the area of decay to darken. This indicates the antibiotic is working. Your child should not be treated if they have a silver allergy. If you do not want SDF used, please check this box: ☐

### CHILD'S INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

School Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_

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

City/Town: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Please Print Clearly!!**

Phone (check best to call) Home: ☐ \_\_\_\_\_ Cell: ☐ \_\_\_\_\_ Work: ☐ \_\_\_\_\_

Allergies/medical conditions, current medications, or need for pretreatment medications \_\_\_\_\_

Do you have any dental questions or concerns? \_\_\_\_\_

Has child seen a dentist or hygienist? ☐ Yes ☐ No Date of most recent visit: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Dentist's name or location: \_\_\_\_\_

### PAYMENT INFORMATION

☐ **Maine Care**

Maine Care Number: \_\_\_\_\_

(9 digit number on front of card)

☐ **Self-Pay** (includes cleaning and fluoride varnish)

☐ 12 or younger (\$50.00) ☐ 13 or older (\$65.00)

We accept cash, money orders, and Venmo @SmilePatrol. A representative from Smile Patrol will call to arrange payment prior to treatment.

### PARENT/GUARDIAN AUTHORIZATION

**Yes.** I give permission for my child to be seen *throughout the school year*. I will notify Smile Patrol of any changes in the child's medical history. I understand that Smile Patrol is HIPAA compliant and all records are kept confidential and that claims to MaineCare insurance will be electronically transferred. I also give Smile Patrol permission to share medical/dental information with other health professionals.

**Don't forget to sign and  
PRINT your name!**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please PRINT your Name \_\_\_\_\_

## HOME LANGUAGE SURVEY



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

Dear Parent(s)/Guardian(s):

Under the terms of a federal project administered by the Maine Department of Education, data must be collected on home language usage for all incoming new students (Pre-Kindergarten through Grade 12). Also, schools are required under federal civil rights laws to identify all students whose home language is not English. Parents and guardians are most qualified to provide the school with this information. Please take a few moments to complete the questionnaire on the reverse side of this page about the language(s) spoken in your home. After answering the questions, please have your child return the questionnaire to his/her teacher promptly.

You may be assured that the information that you provide in the questionnaire will be used only to assist in planning programs to provide appropriate educational opportunities to all students in your school. The federal government will receive group data only. Access to the information provided in the short survey cannot be released without permission from you. Only those persons with legitimate educational interests will have access to this information.

Do not hesitate to call your school principal if you have questions about the survey. Thank you for your assistance in helping us meet this requirement.

Sincerely,

Nancy Mullins

*Elementary and Secondary Education Act, Title III*

(Language Instruction for Limited English Proficient and Immigrant Students)



Dear Parent/Guardian:

Maine welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset, and we encourage families to maintain their languages while learning English. Students who speak or understand another language may be entitled to support to improve their English in order to meet Maine's challenging academic standards. The following questions, required for all students from pre-kindergarten through grade 12, will help your school determine whether your child may benefit from English language support services.

- If a language other than English is indicated, your child will be administered an English language screener.
- Depending on your child's score, your child may be classified as an English Learner and eligible for English language support.
- If you would like this letter and the survey below to be provided in another language, or if you would like an interpreter, your school will fulfill those requests.
- If you have questions about this survey, please contact your school principal.

Be assured that your answers will be used only for educational purposes. The completed survey will be kept in your child's permanent file, and only school staff will have access to it. No school employee may inquire about the immigration status of any member of your family.

Thank you for providing this information, and I wish your student great academic success.

Sincerely,

April Perkins

*Director of ESOL and Bilingual Programs, Maine Department of Education*

#### LANGUAGE USE SURVEY

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

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

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

Please do not leave any question unanswered.

1. What language(s) did your child **first** speak or understand?
2. What language(s) does your child **most easily** speak or understand?
3. What language(s) do people use with your child daily?

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

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

#### School Use Only

Post-enrollment Identification: If no language other than English is indicated by a parent/guardian on this survey, an English language screener may be administered **only** if this section is completed by a teacher.

Describe evidence that the student's English language development has been affected by a primary or home language other than English:

Teacher Signature: \_\_\_\_\_

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

**PLACE THE ORIGINAL OF THIS COMPLETED DOCUMENT IN THE STUDENT'S  
PERMANENT RECORD FOLDER**

## CONSENT FOR RELEASE OF INFORMATION TO ACCESS MAINECARE REIMBURSEMENT FOR HEALTH RELATED SUPPORT SERVICES

School Administrative Unit: **Maine School Administrative District No. 54**

Our School Administrative Unit continues to participate in a system whereby the Federal Government's Medicaid program reimburses local school districts for a portion of the costs of health related special education services provided to Medicaid eligible children. While your Medicaid eligible child will continue to receive services at no cost to you, the state Medicaid agency (MaineCare) reserves the right to access your private insurance to recover some of the cost of reimbursing these services. However, most insurers do not cover Individualized Education Program (IEP) related services. The information you voluntarily provide by completing this consent form will only be used for the purposes identified. Our district has contracted the services of MSB to confidentially administer our Medicaid Program.

**Please fill in the information below, sign the form, and return it to the address indicated:**

**Parent / Guardian:** \_\_\_\_\_  
(Name of parent or person in parental relationship)

**Student's Legal Name:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_ **(MM/DD/YYYY)** \_\_\_\_\_

As parent/guardian of the child named above, I give permission to disclose personally identifiable information concerning health-related support services in my child's Individualized Education Plan(s) (IEP), as well as other personally identifiable information including test scores, evaluation results and any other relevant diagnostic information from my child's educational records to state and/or federal Medicaid administration representatives or their designees for the sole purpose of claiming Medicaid reimbursement for covered health related support services in my child's IEP(s). I understand and agree that the School Administrative Unit may access my or my child's Medicaid benefits to pay for health-related support services in my child's IEP(s). I also understand that if I refuse to consent to the release of this information, my refusal does not relieve the School Administrative Unit of its responsibility to provide the IEP ordered services at no cost to me for children 3-20 years of age [34 C.F.R. § 300.154 (2013)]. I further understand that this consent also allows MaineCare to bill any other insurance I have for my child as required by federal regulation. Finally, I understand that if my child has MaineCare through the Katie Beckett program, the cost of the services provided by the School Administrative Unit will count against his/her annual cap.

This permission is for any time my child is eligible and in the event that my child becomes eligible in the future for the sole purpose of the release of information relative to accessing MaineCare reimbursements for IEP services.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or person in parental relationship)

If you have questions regarding this form please contact:

- **Renee Hovey and Erica Thompson, Special Services Directors**

Please return this form to:

- **Maine School Administrative District No. 54 Special Services Office**

**NOTICE TO PARENTS OF SKOWHEGAN AREA HIGH SCHOOL STUDENTS ON RELEASE OF  
INFORMATION TO MILITARY RECRUITERS AND COLLEGES**

The federal law, the No Child Left Behind Act, requires secondary schools to provide student names, addresses and telephone numbers to military recruiters and institutions of higher education, upon request. Parents and legal guardians of students, however, have the right to request that the school not release such information without prior written parental consent. To prevent the release of information, you must inform us by filling out the form below. **If you do not inform us otherwise, we will be required by federal law to disclose your child's name, address and telephone numbers to military recruiters and institutions of higher education that request this information.**

Please return this form to the main office at Skowhegan Area High School by October 15. Please contact the building principal if you need further information.

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

I request that Skowhegan Area High School

\_\_\_\_ **NOT** release the name, address or telephone number of my son/daughter to any military recruiter or military recruiting organization without my prior written consent.

\_\_\_\_ **NOT** release the name, address or telephone number of my son/daughter to any institution of higher learning without my prior written consent.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if 18 years old or older)

\_\_\_\_\_  
Date

**NOTICE TO PARENTS OF SKOWHEGAN AREA HIGH SCHOOL STUDENTS ON RELEASE OF  
STUDENT'S NAME TO THE MEDIA**

Throughout the school year Skowhegan Area High School will release lists of student names to the media. These lists may include but not limited students who made the Honor Roll, selected to National Honor Society, Student Council, graduating members of the Senior Class and other such lists that acknowledge and recognize students.

\_\_\_\_ **NO - I do not** give permission for Skowhegan Area High School to release my child's name to the media for such examples cited above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if 18 years old or older)

\_\_\_\_\_  
Date

**Last Name**

**First Name**

**School: (Circle one) - Bloomfield | Canaan | MCSS | MSES | MSLC | North El. | SAMS | SAHS**

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

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

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

**Town:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **(Home)** \_\_\_\_\_ **(Work)**

By signing below, I agree to abide by the MSAD 54 Acceptable Use Policy, and I assume responsibility for the laptop/tablet, charger, and case.

**Student Signature:** \_\_\_\_\_

By signing below, I acknowledge that I have read and understand the MSAD 54 Student Computer and Internet Use Policy, and understand that my student's use of school computers, technology, and network is subject to compliance with these rules.

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

**\*\*PLEASE COMPLETE ENTIRE FORM\*\***

# MSAD #54 World Wide Web (WWW) Permission Form

## Publishing of Student Work, Image and Personal Information

*It is district policy that a student's social security number, date of birth, home address, home phone number, and personal email address will NOT appear on any school web page. The student's full name and any other personal identifier will not appear with any picture.*

**PLEASE READ AND CHECK ALL SECTIONS THAT APPLY. THE FORM MUST BE SIGNED BY BOTH THE PARENT/GUARDIAN AND THE STUDENT.**

Print Student's Name \_\_\_\_\_ School \_\_\_\_\_  
Print Name of Parent/Guardian \_\_\_\_\_

### Publishing of Student Work on the World Wide Web, a part of the Internet:

I understand that my daughter's or son's school work may be published on the WWW. I understand that copyright and ownership of the school work remain my daughter's or son's property. I further understand that the work will appear with a copyright notice prohibiting the copying of such work without express written permission.

I grant permission for the WWW publishing as described.

Parent/ Guardian

Student

YES

☐  
☐

NO

☐  
☐

### Use of Student Image on the World Wide Web, a part of the Internet:

I understand that my daughter's or son's image may be published on the WWW as part of her/his class work or from her/his participation in an extracurricular school activity. An image could take the form of a photograph, video, or multimedia project. *The student's full name and any other personal identifier will not appear with any picture.*

I grant permission for the WWW publishing as described.

Parent/Guardian

Student

YES

☐  
☐

NO

☐  
☐

### Use of Personal Information on the World Wide Web, a part of the Internet:

I understand that my daughter's or son's personal information (full name and/or parent/guardian full name) may be published on the WWW as part of her/his class work or from her/his participation in an extracurricular school activity. *The student's full name and any other personal identifier will not appear with any picture.*

I grant permission for the WWW publishing as described.

Parent/Guardian

Student

YES

☐  
☐

NO

☐  
☐

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Regional School Unit 54/Maine School Administrative District 54**  
**STUDENT COMPUTER/INTERNET USE**  
**ACKNOWLEDGMENT FORM**

No student shall be allowed to use school computers or the Internet until the student and parent/guardian have signed and returned this acknowledgment to the school.

**Student:**

I have read policy IJNDB – Student Computer/Internet Use and IJNDB-R – Student Computer/Internet Use Rules and agree to comply with them.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Parent/Guardian:**

I have read policy IJNDB – Student Computer/Internet Use and IJNDB-R – Student Computer/Internet Use Rules and understand that my son/daughter's use of school computers is subject to compliance with these rules.

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

\_\_\_\_\_  
Date