



## Enrollment Checklist

Students enrolling at **Bloomfield Elementary, Canaan Elementary, Margaret Chase Smith School, Mill Stream Elementary, Skowhegan Area Middle School or Skowhegan Area High School** will need the following documents:

|                                                        |
|--------------------------------------------------------|
| <b>Forms to be filled out:</b>                         |
| Residency Affidavit Form                               |
| Student Enrollment Form                                |
| Student Transportation Schedule                        |
| Authorization to Release Student Records Form          |
| Free & Reduced Lunch Form                              |
| Student Health History Form                            |
| Home Language Survey                                   |
| Maine Migrant Education Program Survey                 |
| MaineCare Information Release Form                     |
| McKinney-Vento Screener Form                           |
| <b>Items to bring:</b>                                 |
| Student's Birth Certificate – certified copy           |
| Immunization Records                                   |
| Court Documents including custodial agreements         |
| Copies of IEP, if receiving Special Education Services |
| Proof of Residency                                     |

**\*Please note: further documentation may be required by your school building**

**RSU 54/MSAD 54  
RESIDENCY AFFIDAVIT**



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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

# RSU# 54 Enrollment/Emergency Form

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

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

**A COPY OF THE STUDENT'S BIRTH CERTIFICATE MUST BE PROVIDED WHEN ENROLLING**

RSU# 54 Enrollment Forms and Emergency/Permissions Sheets are stored in secured locations.

This form must be signed before starting school. All student information on this form is required and is used for local, state and federal funding.

|                              |                   |                                    |
|------------------------------|-------------------|------------------------------------|
| <b>-- Office Use Only --</b> | PS Student #:     | State #:                           |
| Date of Entry:               | Homeroom Teacher: | Birth Certificate certified by:    |
| Immunization records:        |                   | If homeschool, % of day in school: |

Has this student been enrolled in RSU #54 before?  YES  NO

|                                                                                                                                            |              |                     |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|---------------------|
| <b>STUDENT NAME</b>                                                                                                                        | <b>LAST:</b> | <b>FIRST:</b>       | <b>MIDDLE:</b>      |
| Date of Birth:                                                                                                                             | Gender:      | Place of Birth:     | Year of Graduation: |
| Home Phone:                                                                                                                                |              | Student Cell Phone: |                     |
| Town of legal Residence:                                                                                                                   |              |                     |                     |
| Physical Address:                                                                                                                          |              | Mailing Address:    |                     |
| City:                                                                                                                                      | State:       | Zip:                | City: State: Zip:   |
| Does student trace origins to Mexico, Puerto Rico, Cuba, Central and So America, and other Spanish cultures (regardless of race) Yes / No  |              |                     |                     |
| Race (circle all that apply) White Black-African American Asian American Indian Alaska Native Native Hawaiian-Other Pacific Islander Multi |              |                     |                     |
| If student's US citizenship status is immigrant, enter US arrival date : _____ Enter date first enrolled in US School: _____               |              |                     |                     |

**PREVIOUS SCHOOL INFORMATION**

|                    |                    |                 |
|--------------------|--------------------|-----------------|
| School Attended:   | Grade Level: _____ | School Phone:   |
| District Attended: |                    | School Address: |

**HOMESCHOOL INFORMATION**

|                                                                                               |                                                                        |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| If the student is currently homeschooled, are they enrolling in RSU#54 Part Time or Full time | If part time, is homeschool application filed with the state? Yes / No |
|                                                                                               | Homeschool grade level                                                 |

**MILITARY FAMILY CONNECTION**

If one or both parents are in the active uniformed service of the United States or within one year of medical discharge or retirement from active uniformed services, please circle one: **Active Duty / Full Time National Guard / National Guard or Reserve / Not Military Connected**

**HOMELESS STATUS**

If the student & immediate family are currently in a homeless situation, circle one: **In a shelter ~ Doubled up ~ Unsheltered ~ Motel/Hotel**  
For Students Only: If you are an Unaccompanied Minor, are you currently: **In a shelter ~ Doubled up ~ Unsheltered ~ Motel/Hotel**

**DAY CARE PROVIDER INFORMATION**

|                              |        |
|------------------------------|--------|
| Name:                        | Phone: |
| Address:                     |        |
| Day Care / Bus Instructions: |        |

**MEDICAL INFORMATION**

|                                                                                                                                          |        |                          |        |
|------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------|--------|
| Doctor:                                                                                                                                  | Phone: | Dentist:                 | Phone: |
| Hospital preference? <b>No Preference</b> <b>RFGH</b> <b>Inland Hospital</b> <b>MaineGeneral-Thayer Unit</b> <b>MaineGeneral-Augusta</b> |        |                          |        |
| Name of Health Insurance:                                                                                                                |        | Policy and Group Number: |        |
| Copy of Immunizations on File: <b>Yes</b> <b>No</b>                                                                                      |        |                          |        |
| Specific Emergency Directions:                                                                                                           |        |                          |        |

List special medical considerations the school should be aware of:

List allergies the school should be aware of:

**SPECIAL SERVICES**

|                                                                              |            |           |
|------------------------------------------------------------------------------|------------|-----------|
| Is the student currently receiving Special Education Services?               | <b>Yes</b> | <b>No</b> |
| Does your child have a 504 Plan?                                             | <b>Yes</b> | <b>No</b> |
| Has the student received Title 1 in the past?                                | <b>Yes</b> | <b>No</b> |
| Has the student received English Language Lerner (ELL) Services in the past? | <b>Yes</b> | <b>No</b> |

All numbers provided may be called in a district/school wide emergency

**Contact  
Priority  
1**

|                        |              |            |                          |                          |                                                                                                                                                                                                                                                  |  |  |  |  |
|------------------------|--------------|------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>Name:</b>           |              |            |                          |                          | <b>Relationship:</b> Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent                                                                                                                                                              |  |  |  |  |
| <b>Priority</b>        | <b>Phone</b> | <b>Ext</b> | <b>Text</b>              | <b>Automated calls?</b>  | <input type="checkbox"/> Has or shares custody<br><input type="checkbox"/> Court Order Attached<br><input type="checkbox"/> Lives with student<br><input type="checkbox"/> Call for school pick up<br><input type="checkbox"/> Call in emergency |  |  |  |  |
| Mobile                 |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| Home                   |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| Work                   |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
|                        |              |            | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| <b>Mailing Address</b> |              |            |                          |                          | <b>Email</b>                                                                                                                                                                                                                                     |  |  |  |  |
|                        |              |            |                          |                          | <input type="checkbox"/> Same as student                                                                                                                                                                                                         |  |  |  |  |

**Contact  
Priority  
2**

|                        |              |            |                          |                          |                                                                                                                                                                                                                                                  |  |  |  |  |
|------------------------|--------------|------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>Name:</b>           |              |            |                          |                          | <b>Relationship:</b> Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent                                                                                                                                                              |  |  |  |  |
| <b>Priority</b>        | <b>Phone</b> | <b>Ext</b> | <b>Text</b>              | <b>Automated calls?</b>  | <input type="checkbox"/> Has or shares custody<br><input type="checkbox"/> Court Order Attached<br><input type="checkbox"/> Lives with student<br><input type="checkbox"/> Call for school pick up<br><input type="checkbox"/> Call in emergency |  |  |  |  |
| Mobile                 |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| Home                   |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| Work                   |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
|                        |              |            | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| <b>Mailing Address</b> |              |            |                          |                          | <b>Email</b>                                                                                                                                                                                                                                     |  |  |  |  |
|                        |              |            |                          |                          | <input type="checkbox"/> Same as student                                                                                                                                                                                                         |  |  |  |  |

**Contact  
Priority  
3**

|                        |              |            |                          |                          |                                                                                                                                                                                                                                                  |  |  |  |  |
|------------------------|--------------|------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>Name:</b>           |              |            |                          |                          | <b>Relationship:</b> Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent                                                                                                                                                              |  |  |  |  |
| <b>Priority</b>        | <b>Phone</b> | <b>Ext</b> | <b>Text</b>              | <b>Automated calls?</b>  | <input type="checkbox"/> Has or shares custody<br><input type="checkbox"/> Court Order Attached<br><input type="checkbox"/> Lives with student<br><input type="checkbox"/> Call for school pick up<br><input type="checkbox"/> Call in emergency |  |  |  |  |
| Mobile                 |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| Home                   |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| Work                   |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
|                        |              |            | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| <b>Mailing Address</b> |              |            |                          |                          | <b>Email</b>                                                                                                                                                                                                                                     |  |  |  |  |
|                        |              |            |                          |                          | <input type="checkbox"/> Same as student                                                                                                                                                                                                         |  |  |  |  |

**Contact  
Priority  
4**

|                        |              |            |                          |                          |                                                                                                                                                                                                                                                  |  |  |  |  |
|------------------------|--------------|------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>Name:</b>           |              |            |                          |                          | <b>Relationship:</b> Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent                                                                                                                                                              |  |  |  |  |
| <b>Priority</b>        | <b>Phone</b> | <b>Ext</b> | <b>Text</b>              | <b>Automated calls?</b>  | <input type="checkbox"/> Has or shares custody<br><input type="checkbox"/> Court Order Attached<br><input type="checkbox"/> Lives with student<br><input type="checkbox"/> Call for school pick up<br><input type="checkbox"/> Call in emergency |  |  |  |  |
| Mobile                 |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| Home                   |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| Work                   |              | x          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
|                        |              |            | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                  |  |  |  |  |
| <b>Mailing Address</b> |              |            |                          |                          | <b>Email</b>                                                                                                                                                                                                                                     |  |  |  |  |
|                        |              |            |                          |                          | <input type="checkbox"/> Same as student                                                                                                                                                                                                         |  |  |  |  |

Additional Contact 1

|          |       |               |                          |                          |                                                                                                |
|----------|-------|---------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------|
| Name:    |       | Relationship: |                          |                          | <input type="checkbox"/> Can pick up from school<br><input type="checkbox"/> Emergency Contact |
| Priority | Phone | Ext           | Text                     | Automated calls?         |                                                                                                |
| Mobile   |       | x             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                |
| Home     |       | x             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                |
| Work     |       | x             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                |
|          |       |               | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                |

Additional Contact 2

|          |       |               |                          |                          |                                                                                                |
|----------|-------|---------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------|
| Name:    |       | Relationship: |                          |                          | <input type="checkbox"/> Can pick up from school<br><input type="checkbox"/> Emergency Contact |
| Priority | Phone | Ext           | Text                     | Automated calls?         |                                                                                                |
| Mobile   |       | x             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                |
| Home     |       | x             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                |
| Work     |       | x             | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                |
|          |       |               | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                |

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

| Name (Last,First) | Age        | Birthdate        | School        | FamilyID Office Only |
|-------------------|------------|------------------|---------------|----------------------|
| Name: _____       | Age: _____ | Birthdate: _____ | School: _____ | FamilyID: _____      |
| Name: _____       | Age: _____ | Birthdate: _____ | School: _____ | FamilyID: _____      |
| Name: _____       | Age: _____ | Birthdate: _____ | School: _____ | FamilyID: _____      |
| Name: _____       | Age: _____ | Birthdate: _____ | School: _____ | FamilyID: _____      |
| Name: _____       | Age: _____ | Birthdate: _____ | School: _____ | FamilyID: _____      |
| Name: _____       | Age: _____ | Birthdate: _____ | School: _____ | FamilyID: _____      |

## RSU 54/MSAD 54

**Jonathan D. Moody**  
Superintendent of Schools

**Mark P. Hatch**  
Assistant Superintendent

**David A. Leavitt**  
Support Services Manager

Dear Parent/Guardian:

State of Maine law requires that you provide your child's birth certificate when registering 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



|                         |
|-------------------------|
| Office Use Only         |
| Grade: _____            |
| Enrollment date: _____  |
| Practice bus run: _____ |

**Regional School Unit 54  
Student Transportation Information**

**Transportation Department  
207-474-9043**

|                        |             |
|------------------------|-------------|
| Student Name: _____    | DOB: _____  |
| Home Address: _____    |             |
| Phone: _____           |             |
| School Attending _____ | Grade _____ |

**Please choose one of the following:**

Student will not ride bus (walker or parent transport)

Student will ride bus (please fill out form below)

|               | A.M Pick Up                              |                 |                           | P.M Drop Off                                    |                   |                           |
|---------------|------------------------------------------|-----------------|---------------------------|-------------------------------------------------|-------------------|---------------------------|
|               | Pick UP Location Name & Address          | Pick up Phone   | Bus Number & Drivers Name | Destination Name & Address                      | Destination Phone | Bus Number & Drivers Name |
| <b>SAMPLE</b> | <b>Home</b><br>123 Main St,<br>Skowhegan | <b>474-5555</b> | <b>12-Poulin</b>          | <b>ABC Daycare</b><br>456 Elm St.,<br>Skowhegan | <b>474-4747</b>   | <b>2-Smith</b>            |
| Monday        |                                          |                 |                           |                                                 |                   |                           |
| Tuesday       |                                          |                 |                           |                                                 |                   |                           |
| Wednesday     |                                          |                 |                           |                                                 |                   |                           |
| Thursday      |                                          |                 |                           |                                                 |                   |                           |
| Friday        |                                          |                 |                           |                                                 |                   |                           |

**Kindergarten/First Grade Students ONLY – please choose Yes or No**

Yes \_\_\_\_\_ Adult present for drop off      No \_\_\_\_\_ Adult not present for drop off

**Please Note:** if answer is Yes, and no adult is visible, your child will be returned to their school and parent/guardian will be responsible for picking child up.

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date



## Authorization to Release Student Records

I, \_\_\_\_\_, authorize the sending school (listed below)

**\*THIS INFORMATION IS REQUIRED IN ORDER FOR US TO REQUEST STUDENT RECORDS**

| Student | Grade | Previous School Name | Previous School Address | Previous School Phone |
|---------|-------|----------------------|-------------------------|-----------------------|
|         |       |                      |                         |                       |
|         |       |                      |                         |                       |
|         |       |                      |                         |                       |
|         |       |                      |                         |                       |

To forward the following items:

- \_\_\_\_\_ Prior report cards
- \_\_\_\_\_ Results of the standardized tests and results of test administered such as Key Math, WISC, Woodcock Reading, WIAT, etc
- \_\_\_\_\_ Copies of IEP minutes
- \_\_\_\_\_ Health Records including immunizations
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Other information which you feel we should know

**For student(s) that have enrolled at:**

|                               |             |                                      |                     |
|-------------------------------|-------------|--------------------------------------|---------------------|
| Bloomfield Elementary School  | Grades 1-3  | 140 Academy Cir. Skowhegan, ME 04976 | Fax: (207)474-7427  |
| Canaan Elementary School      | Grades PK-5 | 178 Main St. Canaan, ME 04924        | Fax: (207)474-6385  |
| Margaret Chase Smith School   | Grades 4-5  | 40 Heselton St Skowhegan, ME 04976   | Fax: (207) 858-4883 |
| Mill Stream Elementary School | Grades PK-5 | 26 Mercer Rd. Norridgewock, ME 04957 | Fax: (207) 634-4294 |
| North Elementary School       | Grades PK-K | 33 Jewett St Skowhegan, ME 04976     | Fax: (207) 474-8648 |
| Skowhegan Area Middle School  | Grades 6-8  | 155 Academy Cir Skowhegan, ME 04976  | Fax: (207) 474-9558 |
| Skowhegan Area High School    | Grades 9-12 | 61 Academy Cir Skowhegan, ME 04976   | Fax: (207) 474-0111 |

Authorized Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parental consent is not required when educational, discipline, or attendance records are requested by authorized school personnel. Parental consent is required to request the transfer of confidential student health records. Please see the Family Educational Rights Privacy Act. Final Rule on Education Records Federal Register, June 17, 1976, Vol. 41, No. 118, page 2465731.*





## Student Health History

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Resides with: (Please circle one): Mom Dad Both parents Guardian/other \_\_\_\_\_

Address (Street, Town, ZIP code): \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Family Doctor/Pediatrician: \_\_\_\_\_ Family Dentist: \_\_\_\_\_

Does your child **CURRENTLY** have any of the following? **Please circle: Yes or No**

|     |    |                                                                                  |
|-----|----|----------------------------------------------------------------------------------|
| Yes | No | Allergies: (Medication, food, environmental, bee stings, etc.)                   |
| Yes | No | If the allergy requires an Epi-Pen, does the physician allow them to self-carry? |
| Yes | No | Asthma:                                                                          |
| Yes | No | <b>Does the student have an Asthma Action Plan from their doctor?</b>            |
| Yes | No | Does the physician allow the student to self-carry their inhaler?                |
| Yes | No | <b>Epilepsy/Seizures (Please provide Seizure Treatment Plan)</b>                 |
| Yes | No | <b>Diabetes (If insulin dependent, please provide Diabetes Orders)</b>           |
| Yes | No | Physical limitations that interfere with daily activities                        |
| Yes | No | Attention Deficit Disorder or ADHD: Meds?                                        |
| Yes | No | Behavioral or Emotional difficulties                                             |
| Yes | No | Migraine headaches                                                               |
| Yes | No | Vision or hearing deficits (glasses, contact lenses, hearing aids)               |
| Yes | No | Incontinence (bed wetting, still potty training, etc.)                           |
| Yes | No | Speech difficulties                                                              |

Have any of these occurred with your child **IN THE PAST**? **Please circle: Yes or No**

|     |    |                                                                                    |
|-----|----|------------------------------------------------------------------------------------|
| Yes | No | Significant injury: (fracture, dislocation, etc.)                                  |
| Yes | No | Chronic Illness: Diagnosed with a chronic illness – Diabetes, Celiac Disease, etc. |
| Yes | No | Head injury: (concussion, skull fracture, etc.)                                    |
| Yes | No | Surgery or hospitalization                                                         |

**General Information** regarding your child: **Please circle Yes or No**

|   |     |    |                                                          |
|---|-----|----|----------------------------------------------------------|
| 1 | Yes | No | Up-to-date on their immunizations?                       |
| 2 | Yes | No | Received immunizations <b>in the past year</b> ?         |
| 3 | Yes | No | Currently under a doctor's care for a medical condition? |
| 4 | Yes | No | Currently taking medication at home?                     |
| 5 | Yes | No | Required to take medication during the school day?       |

If you answered **YES** to questions 3, 4 or 5 please explain here: Please include any other information you would like us to know about your child.

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

## Student Information Notices and Agreements Annual Review [2023-2024 School Year]

### STUDENT COMPUTER AND INTERNET USE

Student use of school computers, network and internet is provided to all RSU#54 students. The RSU community recognizes that the use of technology is essential to the success of our students education. Students are required to comply with the student computer and internet policy (IJNDB) and accompanying rules (IJNDB-R) and (IJNDB-E). **Full Policy is available online and copies are in every school office. By signing below, I agree to abide by the RSU#54 Acceptable Use Policy, and I assume responsibility for the device, charger and case.**

### DIRECTORY INFORMATION - (Annual Notice of Student Education Records Rights)

Under the federal Family Educational Rights and Privacy Act (FERPA), RSU# 54 has designated the following student information as directory information that can be made public at its discretion: name, participation and grade level of students in officially recognized activities and sports, height and weight of student athletes, dates of attendance in the school unit, and honors and awards received. However, parent(s)/guardian(s) and eligible students over 18 do have the right to request that directory information not be released.

- YES**, I do grant permission for directory information about my child to be released (this includes releasing honor roll information)  
 **NO**, I do not grant permission for directory information about my child to be released (honor roll information will not be released)

### INFORMATION ON RSU# 54 WEBSITE

RSU# 54 maintains a website to provide information about the schools, its programs and activities, and student and staff achievements. Maine law requires public schools to obtain written approval from parent(s)/guardian(s) prior to publishing personal information about students on the Internet. Such information may include: full names of students in connection with class rosters, honor rolls, awards received, and team/activity participant lists; group and/or individual photographs of students (no names will be used); individual student or class work (including but not limited to creative writing, research projects, art work, music performances, and audiovisual presentations).

- YES**, I do grant permission for my child's information to be published on the RSU# 54 website.  
 **NO**, I do not grant permission for my child's information to be published on the RSU# 54 website.

### OUTSIDE MEDIA

On occasion, RSU# 54 allows media outlets such as local newspapers, radio stations, and television stations to visit the school to report on school programs and activities. You have the right to deny permission for your child's name, picture, voice, or statements to be used by outside media. However, please note that permission is not required for events open to the public such as athletic events, concerts, performances, and graduation ceremonies.

- YES**, I do grant permission for the use of my child's name, picture, voice, and/or statement to be used by outside media.  
 **NO**, I do not grant permission for the use of my child's name, picture, voice, and/or statement to be used by outside media.

### FOR HIGH SCHOOL STUDENTS ONLY

The No Child Left Behind Act requires secondary schools to provide student names, addresses, and telephone numbers to both military recruiters and institutions of higher education upon request. Parent(s)/guardian(s) may prevent the release of student information to military recruiters and/or institutions of higher education, by checking the appropriate line(s) below. If the appropriate line is not checked or this signed form is not returned, the school is required by federal law to disclose the student's name, address, and telephone numbers to any military recruiters and/or institutions of higher education that request it.

### INFORMATION PROVIDED TO MILITARY RECRUITERS

- YES**, I do grant permission for my child's name, address, and telephone number to be released to military recruiters.  
 **NO**, I do not grant permission for my child's name, address, and telephone number to be released to military recruiters.

### INFORMATION PROVIDED TO INSTITUTIONS OF HIGHER LEARNING

- YES**, I do grant permission for my child's name, address, and telephone number to be released to institutions of higher education.  
 **NO**, I do not grant permission for my child's name, address, and telephone number to be released to institutions of higher education.

### NOTE TO PARENT(S)/GUARDIAN(S):

Permissions remain in effect until modified by the parent(s)/guardian(s). A signature is required below to modify any of the above permissions. This form may be requested at any time in order to make modifications.

***I give permission for RSU# 54 to provide necessary medical treatment for my child if he/she is injured or becomes ill at school. In the event I cannot be reached in an emergency, I give permission for RSU# 54 to transport my child to a medical facility to obtain medical care. I understand that RSU# 54 does not assume any financial responsibility for the provision of medical transportation and/or medical care, and any charges for such services remain my responsibility.***

\_\_\_\_\_  
Month/Day/Year

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

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

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**



# Maine Migrant Education Program

## School Survey 2024-2025















School Name: \_\_\_\_\_ School District: \_\_\_\_\_

*The following information is confidential and for Migrant Education screening only*

Please complete to see if your child may qualify for **free services** such as: **free lunch, education and support services, and graduation support**

1. Have you or anyone in your home worked temporarily or seasonally in agriculture or fishing anywhere in the U.S. in the past 3 years?  Yes  No

**If yes, please circle all that apply:**

|                                                                                                                       |                                                                                                     |                                                                                                                          |                                                                                                               |                                                                                                                     |                                                                                                                 |                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <br>Feed Cattle, Processing, Packing | <br>Dairy          | <br>Eggs                                | <br>Blueberries              | <br>Cultivation, Soil Preparation | <br>Fishing, Fish Processing | <br>Lobstering                       |
| <br>Broccoli / Cauliflower           | <br>Fishing Elvers | <br>Forestry (landscaping not included) | <br>Greenhouse, Nursery, Sod | <br>Harvest Potatoes              | <br>Picking Apples           | <br>Harvest ANY fruits or vegetables |

2. If yes, did you or that person change your residence to do this work (even if only for a short period of time like a week)?  Yes  No
3. Have your children moved with you across school district lines in the last 3 years?  Yes  No

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Best Day and Time to Call: \_\_\_\_\_ Email: \_\_\_\_\_

Please list children below:

| First Name | Last Name | Grade | Date of Birth |
|------------|-----------|-------|---------------|
|            |           |       |               |
|            |           |       |               |
|            |           |       |               |

Please return this form to one of your child's teachers, or to the central office of your school. We will call you to see if your children are eligible for the program.

**If you would like to speak with us directly about our services, call (207) 530-1807. Thank you!**

**SCHOOL STAFF: PLEASE MAIL US THIS FORM IF ALL QUESTIONS SAY 'YES'**

For the most up to date version of this form go to website: [maine.gov/doe/schools/safeschools/migrated/migratedform](http://maine.gov/doe/schools/safeschools/migrated/migratedform)

Maine Migrant Education  
Dept. of Education  
23 State House Station Augusta, ME 04333-0023

Sol Rheem, State Director  
[sol.rheem@maine.gov](mailto:sol.rheem@maine.gov)  
(207) 530-1807

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

**School Administrative Unit:** \_\_\_\_\_

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 EDMS 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.

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:

**Please return this form to:**

## MCKINNEY-VENTO SCREENER

School Name \_\_\_\_\_ School District \_\_\_\_\_

**Your child may be eligible for additional educational services depending on your housing situation. Additional services and rights include the right to stay at the same school even if you move and access to free meals at school. Eligibility can be determined by completing this questionnaire. This information is only for education purposes and is protected as an educational record under the Federal Educational Rights and Privacy Act (FERPA).**

**1. Where do you and your family currently live?**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Section A</b></p> <p><input type="checkbox"/> Live in my own home (rent or own) with immediate family (spouse/partner, children, parents).</p> <p><b><i>STOP: Please return this form without completing the remaining sections.</i></b></p> <p><b>Section B</b></p> <p><b>Where has your family stayed at night?</b><br/>Please check ALL the boxes for places you have slept over the past year.</p> <p><input type="checkbox"/> Staying temporarily with friends, relatives or other people ("couch-surfing")</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian</p> <p><input type="checkbox"/> At a hotel, motel, in a camper or 5th wheel</p> <p><input type="checkbox"/> In a place that lacks water, electricity, or heat; is infested with vermin or mold; lacks working kitchen or a working toilet; presents unreasonable dangers to adults, children, or persons with disabilities</p> <p><input type="checkbox"/> In a car, tent, park, bus or train station, abandoned building, shed, or other public place</p> <p><input type="checkbox"/> In a temporary shelter or other temporary housing</p> <p><input type="checkbox"/> In transitional housing or an independent living program</p> <p><input type="checkbox"/> Other (please note): _____</p> <p><b><i>CONTINUE: If you checked a box in Section B, complete the remainder of this form.</i></b></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**2. If you checked a box in Section B, your child(ren) may be eligible for additional support. Please list their information below, including children who are not yet school aged.**

| Student(s) Name |        |      | D.O.B. | Grade | School Name |
|-----------------|--------|------|--------|-------|-------------|
| First           | Middle | Last |        |       |             |
|                 |        |      |        |       |             |
|                 |        |      |        |       |             |
|                 |        |      |        |       |             |
|                 |        |      |        |       |             |

**Housing and Educational Rights**

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at or the State Coordinator at (207) 557-1787.

By signing below, I acknowledge that I have received and understand the above rights.

\_\_\_\_\_  
Signature of Parent/Guardian/Unaccompanied Youth Date

\_\_\_\_\_  
Signature of McKinney-Vento Liaison Date

## MSAD 54 2024-25 Economic Status Form

Your school receives free meals through the State of Maine. However, this form will provide information needed by the Maine Department of Education to determine MSAD 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 for allocation of State education funds.**

If you have any questions, please call the office at 207-474-9508. **This form should be returned with your registration packet by Sept 6, 2024.**

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!**

| Section 1: Student Information                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Instructions: List all students in the household, through grade 12.                                                                                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
| Student's First Name                                                                                                                                                                                                                                                                                                                 | Student's Last Name      |                          |                          |                          |                          |                          | Student's Current Grade  |                          |                          |                      |                          |                      |                          |                      |                          |                      |
|                                                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
|                                                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
|                                                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
|                                                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
|                                                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
|                                                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
|                                                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
|                                                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
|                                                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
| Section 2: Household Income*                                                                                                                                                                                                                                                                                                         |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
| <p><b>Step 1.</b> Check off your household size (The total number of people, including all children and adults, related and unrelated, that live in a single dwelling and share income and expenses).</p> <p><b>Step 2.</b> Below your selected household size please select the applicable yearly total household income range.</p> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |
| Household Size                                                                                                                                                                                                                                                                                                                       | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        |                          |                      |                          |                      |                          |                      |                          |                      |
|                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                      |                          |                      |                          |                      |                          |                      |
| Income Range                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | \$0 up to \$27861.00     | <input type="checkbox"/> | \$0 up to \$37814.00     | <input type="checkbox"/> | \$0 up to \$47767.00     | <input type="checkbox"/> | \$0 up to \$57720.00     | <input type="checkbox"/> | \$0 up to \$67673.00 | <input type="checkbox"/> | \$0 up to \$77626.00 | <input type="checkbox"/> | \$0 up to \$87579.00 | <input type="checkbox"/> | \$0 up to \$97532.00 |
|                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | \$27861.01 or more       | <input type="checkbox"/> | \$37814.01 or more       | <input type="checkbox"/> | \$47767.01 or more       | <input type="checkbox"/> | \$57720.01 or more       | <input type="checkbox"/> | \$67673.01 or more   | <input type="checkbox"/> | \$77626.01 or more   | <input type="checkbox"/> | \$87579.01 or more   | <input type="checkbox"/> | \$97532.01 or more   |
| If your household has 9 or more people, please add \$9953 for each additional member                                                                                                                                                                                                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                      |                          |                      |                          |                      |                          |                      |

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

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

\* Economically disadvantaged status is defined as students who are at or below 185% of Poverty Level per the current USDA Income Eligibility Guidelines  
<https://www.govinfo.gov/content/pkg/FR-2024-02-20/pdf/2024-03355.pdf>.

\*\*Essential Programs and Services Statute [20-A §15672\(3\)](#)