



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:

	Forms to be filled out:
	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
	Items to bring:
	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 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.

-- Office Use Only --

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

Please complete all information below using the lines provided.

STUDENT NAME **LAST:** _____ **FIRST:** _____ **MIDDLE:** _____

Date of Birth: _____ Gender: _____ Place of Birth: _____ Year of Graduation: _____

Home Phone: _____ Student Cell Phone: _____

Town of legal Residence: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

MEDICAL INSURANCE

Name of Medical Insurance: _____ Policy and Group Number: _____

PREVIOUS SCHOOL INFORMATION

School Attended: _____ Grade Level: _____ School Phone: _____

District Attended: _____ School Address: _____

HOMESCHOOL INFORMATION

If the student is currently homeschooled,

If part time, is homeschool application filed with the state? Yes / No

are they enrolling in RSU#54 **Part Time or Full time**

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:

SPECIAL SERVICES

Is the student currently receiving Special Education Services?

Yes

No

Does your child have a 504 Plan?

Yes

No

Has the student received Title 1 in the past?

Yes

No

Has the student received English Language Learner (ELL) Services in the past?

Yes

No

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

**Contact
Priority
1**

Name:					Relationship: Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent				
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Receives Alert <input type="checkbox"/> Has or shares custody <input type="checkbox"/> Court Order In Place <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <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"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
Mailing Address <input type="checkbox"/> Same as student					Email				

**Contact
Priority
2**

Name:					Relationship: Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent				
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Receives Alert <input type="checkbox"/> Has or shares custody <input type="checkbox"/> Court Order In Place <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <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"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
Mailing Address <input type="checkbox"/> Same as student					Email				

**Contact
Priority
3**

Name:					Relationship: Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent				
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Receives Alert <input type="checkbox"/> Has or shares custody <input type="checkbox"/> Court Order In Place <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <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"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
Mailing Address <input type="checkbox"/> Same as student					Email				

**Contact
Priority
4**

Name:					Relationship: Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent				
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Receives Alert <input type="checkbox"/> Has or shares custody <input type="checkbox"/> Court Order In Place <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <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"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
Mailing Address <input type="checkbox"/> Same as student					Email				

Additional
Contact
1

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

Additional
Contact
2

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

Student Information Notices and Agreements Annual Review [2024-2025 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.**

MENTAL HEALTH SUPPORTS

Students access our school counselors and school social workers for a variety of reasons including friendship issues, conflict resolution, and mental health needs. Long term and short term clinical counseling supports are also available to our students through our school counseling offices. By signing below, I agree for my child to access clinical counseling services when and if necessary.

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.

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

Student Name

Student Signature

Month/Day/Year

Parent/Guardian Name

Parent/Guardian Signature



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.



Regional School Unit 54 Student Transportation Information

Office Use Only

Grade:

Enrollment date:

Practice bus run:

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
SAMPLE	Home 123 Main St, Skowhegan	474-5555	12-Poulin	ABC Daycare 456 Elm St., Skowhegan	474-4747	2-Smith
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 _____



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	Does the student have an Asthma Action Plan from their doctor?
Yes	No	Does the physician allow the student to self-carry their inhaler?
Yes	No	Epilepsy/Seizures (Please provide Seizure Treatment Plan)
Yes	No	Diabetes (If insulin dependent, please provide Diabetes Orders)
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 in the past year ?
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.

Parent/Guardian Signature: _____ 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*																
Step 1. 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).																
Step 2. Below your selected household size please select the applicable yearly total household income range.																
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)

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:

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**

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