



EDDINGTON SCHOOL
KINDERGARTEN & NEW STUDENT
REGISTRATION PACKET

Welcome to the Eddington School! We are so happy to have you join us in our learning adventures.

Please fill out the enclosed registration and return it along with a copy of your child's birth certificate, a copy of his/her immunization record, and 2 proofs of residency (if student is new to our school).

We look forward to another exciting year in 2024-25!

REGIONAL SCHOOL UNIT #63

Transfer of Pupil Records

Date _____

This is to certify that I, _____, the parent/legal guardian of the child/children listed below do hereby request that the educational records of the below listed child/children be transferred to:

EDDINGTON SCHOOL
440 MAIN ROAD
EDDINGTON, ME 04428
PHONE: (207) 843-6010
FAX: (207) 843-4317

Please provide complete pupil information to the address listed above by sending the Permanent Records and all other pertinent records including health and special education information.

Parent/legal guardian privileges and obligations under the Family Educational Rights and Privacy Act are:

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

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

Signature of Parent/Legal Guardian

Child/Children	Enrolling in Grade	Name and address of last school attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REGIONAL SCHOOL UNIT #63

Student Registration Form

Student ID # _____

Check One: Initial Enrollment Transfer Student Enrolling in Grade _____ First Day of School _____ Town of Residency _____

Legal Name of Student _____
First Middle Last

Date of Birth _____ Place of Birth _____ Gender Male Female

Ethnic background (check all that apply): Caucasian/White American Indian/Native American African American/Black Hispanic
Asian/Pacific Islander

A parent or guardian is defined as a person who looks after and is legally responsible for the student being registered.

With Whom Does the Child Reside? (Circle all that apply) Both parents Parent 1 Parent 2 Guardian Stepparent Other: _____

Status of Parents: (circle) Married Separated Divorced Deceased Other: _____

Primary Household Information: (Student's Primary Residence)

1. Parent/Guardian's Name _____ Relationship to Student _____

Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

2. Parent/Guardian's Name _____ Relationship to Student _____

Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

Secondary Household Information: (Student's Secondary Residence)

1. Parent/Guardian's Name _____ Relationship to Student _____

Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

2. Parent/Guardian's Name _____ Relationship to Student _____

Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

Parent/Guardian Certification of Residency

I certify that I live with the student named above at the street address identified above. I understand that the RSU#63 School District requires proof of residency and that I have the burden of proof regarding residency. If this residency information changes, I agree to bring it to the immediate attention of the RSU#63 School District.

Date _____ Signature _____

Print Name _____

Guardianship, Custody, Emancipation Documents

- If parents are divorced, a copy of the court order regarding custody must be attached.
- If a custodial parent/guardian wishes the RSU#63 schools to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.
- If the student lives in one of the towns of RSU#63 with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.
- If there is a restraining order in effect, a certified copy of the order must be on file with the school for enforcement.
- If the student is an emancipated minor, a certified copy of the court order must be attached.
- If the student is homeless, he/she should discuss his/her situation with the School Principal or designee.

School student last attended: _____ Grade _____ Date last attended _____
 City, State, Zip _____
 Did student receive any of the following services?
 Special Education/IEP _____ 504 plan _____ Gifted and Talented Program _____ Title I _____
If you have a current IEP/504/GT plan copy, please provide one.
 Pre-K and Kindergarten only: Has your child received Child Development Services (CDS)? Yes _____ No _____
 Reason for transfer: _____
 Has your child ever been suspended/expelled for a weapons, drugs, bullying or violence violation: Yes _____ No _____

Language
 What language did your child FIRST speak? _____
 What language do you MOST OFTEN use when speaking to your child at home? _____
 What language does your child MOST OFTEN speak at home? _____
 What language does your child MOST OFTEN speak outside the home? _____

Please check one:
 1. Do you reside outside of Holden, Clifton or Eddington? Yes No
 If yes, attach *Permission to Attend* letter from the student's resident superintendent.
 2. Homeless? Yes No
 3. Eligible for Maine Care? Yes No
 Maine Care # _____
 4. Is child a ward of the state? Yes No
 5. Eligible for Free/Reduced Meals? Yes No

Optional: Parents/guardians are not required to provide this military family information. Are one or both of this student's parents/guardians currently (circle all that apply):
 1. Not connected to the United States Military
 2. Active Duty in the U.S. Army, Navy, Air Force, Marines, U.S. Coast Guard
 3. Full-time National Guard
 4. Part-time National Guard and Reserve
 5. Veteran

Siblings (relationship: brother, sister, stepbrother, stepsister, etc.)

Name _____	Relationship _____	Grade _____	School _____
Name _____	Relationship _____	Grade _____	School _____
Name _____	Relationship _____	Grade _____	School _____
Name _____	Relationship _____	Grade _____	School _____
Name _____	Relationship _____	Grade _____	School _____

Emergency Medical Authorization:
 If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgement of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.
 Parent/Guardian Signature: _____ Date _____

Evidence of Immunization
 Students must be fully immunized prior to attending school.
 Non-immunized students are not permitted to attend school unless they have a medical exemption signed by his/her doctor.

 Print Name (parent/guardian)

 Sign Name (parent/guardian)

 Date

RSU 63 Health Update

Name: _____ D.O.B. _____ Grade _____

Are immunizations complete? (Y/N) Documents must be provided.

Medical Issues: _____

Daily medication & medications taken as needed: _____

Allergies:

Does your child have an epi pen? (Y/N)

Please describe the allergic reaction: _____

Date of most recent reaction? _____

Dietary intolerance? (Y/N)

Please describe symptoms: _____

If this is a food allergy or intolerance, please provide documentation from your PCP. We need documentation if accommodations are requested.

Any recent illness or injury, including concussion: _____

It is the general policy of the Board of Directors (the Board) to discourage the dispensing of medication, including over-the-counter (OTC) medication on RSU 63 premises. The administration of prescribed medication to a student during school hours will be permitted only when failure to take such medication would jeopardize the health of the student, or the student would not be able to participate in school activities if the medication were not given during school hours.

Please contact the nurse at dbickford@rsu63.org if your child needs to take medicine at school. We will need a signed permission form and medication must be in the original container before it can be dispensed.

Parent Signature: _____ **Date:** _____

**EDDINGTON SCHOOL
STUDENT EMERGENCY INFORMATION
2024 – 2025**

Name: _____ DOB: _____

Home Telephone Number: _____

Mailing Address: _____

Street Address (if different): _____

Mother's Name: _____

Mailing Address: _____

Employer: _____ Work Phone: _____

Cell Phone (or other) Number: _____

E-mail address: _____

Father's Name: _____

Mailing Address: _____

Employer: _____ Work Phone: _____

Cell Phone (or other) Number: _____

E-mail address: _____

Friends or relatives who may be contacted in case parents cannot be reached:

Name: _____ Relationship: _____

Telephone Number: _____

Name: _____ Relationship: _____

Telephone Number: _____

Name: _____ Relationship: _____

Telephone Number: _____

Name: _____ Relationship: _____

Telephone Number: _____

In case of an emergency, the school is authorized to (please check):

_____ Contact family physician _____ Phone: _____

_____ Take my child to the emergency department

_____ EMMC _____ St. Joseph's Hospital

_____ Other (Please specify): _____

.....
Signed: _____ Date: _____

Allergies: _____ None known

_____ Bee or other insect stings

_____ Foods (Please list): _____

_____ Medications (Please list): _____

Please describe what happens: _____

Medical Conditions: _____

Medications your child takes regularly: _____

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

Required Immunizations

Immunization requirements for school entry are:

PreK

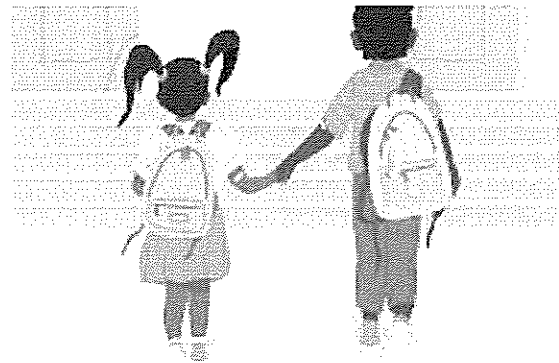
- 4 DTaP
- 3 Polio
- 1 MMR
- 1 Varicella

Kindergarten

- 5 DTaP
- 4 Polio
- 1 MMR
- 2 Varicella

7th grade Immunization requirements:

- All of the above plus
- 1 Tdap
- 1 Meningococcal Conjugate Vaccine (MCV)



Take steps to make sure your kids are ready to return to school with recommended vaccinations.



- Medical exemptions must be signed by your PCP
- Students must have proof of vaccination before starting school
- Bangor Public Health provides vaccines for children.