



# HOLDEN SCHOOL

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590 Main Road • Holden, ME 04429 • (207) 843-7828 • (207) 843-4329

## PROCEDURE FOR ATTENDANCE OF NEW STUDENTS

When a new student enrolls for attendance at the Holden School, the parent/guardian will be provided with the appropriate forms for registration. The parent/guardian will be asked to complete the forms immediately. Upon completion of the forms, the child and parent will be given a tour of the school and will be introduced to the child's teacher.

In order for the new student to experience a smooth and systematic transition, the child will begin attending school the day following registration. This will also afford the classroom teacher the opportunity to compile the necessary materials for the student. We also ask that you provide 2 forms showing proof of residency. For example, driver's license, tax bill or car registration.



Evidence of Immunizations: Immunization Record (statement from health care provider specifying immunizations received, dates and dosages) Retain copy.  
Note: Immunization is required for poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, measles, mumps, and rubella (20-A.M.R.S.A. § 6352-6359 and Chapter 126 of the Maine Department of Education Rules). Starting with the 2007-2008 school year, all students K-12 must be immunized against varicella.

- Non-immunized students are not permitted to attend school unless one of the following conditions is met (check applicable box):
- o Parent/legal guardian attaches written assurance that child will be immunized within 90 days of this application (this option is only available once during student's academic career); OR
  - o Parent/legal guardian provides a written statement from a physician that immunization against one or more diseases may be medically inadvisable (required each year); OR
  - o Parent/legal guardian provides written statement that immunization is contrary to their religious or philosophical beliefs (required each year).

Please list other siblings in the home.

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Information

In case my child becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of the following:

Name	Relationship	Home Phone	Work Phone	Cell Phone
1. _____				
2. _____				
3. _____				

If none of the above can be contacted, the school is authorized to (please check once)

- Contact family physician. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Take child to any licensed physician
- Take child to emergency hospital       EMMC       St. Joseph's

For transfer students only

School last attended \_\_\_\_\_ Date last attended \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

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

If the answer is yes, please attach a written statement of the circumstances. If the student has been expelled or suspended, or withdrawn from school before an expulsion hearing or suspension, the student will not be allowed to enroll in a RSU #63 school until the Superintendent has made a determination as to whether to admit the student, and if so, under what conditions.

The applicant is hereby notified that RSU #63, in accordance with 20-A M.R.S.A. § 6001-B, shall request all of the student's educational and disciplinary records from the school he/she is transferring from. RSU #63 may also request an oral or written report from the previous school as to whether the student has been expelled or suspended, or withdrew from school before an expulsion hearing or suspension.

If the applicant is allowed to enroll in RSU #63's schools pending receipt of educational and disciplinary records, such enrollment shall be considered conditional until the Superintendent has made a determination as to the student's disciplinary status in the previous school.

**PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER(S) OR ADDRESS(ES)**

**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:

Holden Elementary School  
590 Main Rd.  
Holden, Maine 04429

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	Grade	Name and address of last school attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HOLDEN SCHOOL  
STUDENT EMERGENCY INFORMATION  
2017 – 2018**

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: \_\_\_\_\_

**RSU #63 ANNUAL STUDENT HEALTH INFORMATION**

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

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

Date of most recent visit to:

Family doctor \_\_\_\_\_ Name of doctor: \_\_\_\_\_

Eye doctor \_\_\_\_\_ Name of doctor: \_\_\_\_\_

Dentist \_\_\_\_\_ Name of dentist: \_\_\_\_\_

**Please fill out only if there are changes in your child's health information.**

Has your child had any immunizations recently? Yes No (If yes, please send copy of record.)

Has your child had any recent accidents/illnesses/surgeries or hospitalizations? \_\_\_\_\_

Please list any medications your child takes daily \_\_\_\_\_

Please list any medications your child takes as needed \_\_\_\_\_

*Please check the following conditions that apply to your child. Please indicate a brief explanation in the space provided below:*

\_\_\_\_\_ Allergies:

\_\_\_\_\_ Bee Stings \_\_\_\_\_

\_\_\_\_\_ Foods (Please list) \_\_\_\_\_

\_\_\_\_\_ Medications (Please list) \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\*Date of most recent allergic reaction: \_\_\_\_\_

\*Please describe what the allergic reaction is like: \_\_\_\_\_

\_\_\_\_\_ Asthma (if yes, please send copy of your child's asthma plan)

\_\_\_\_\_ Other Medical Issues

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**If your child will need to use medication(s) during school hours, please contact the school nurse, Dawna Bickford, by phone or e-mail: dbickford@sad63.org. She will send you a medication permission form that you and your child's physician will need to complete per school medication policy.**

***See reverse side for Medication Permission Form if needed.***

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 student'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,

Nancy Mullins  
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 those who interact with your child frequently (daily or at least several times per week) use with your child?

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 one or both of the questions below is answered affirmatively by a teacher.

1. Have you observed the student use a language other than English? \_\_\_\_\_
2. Has the student indicated to you that he/she uses a language other than English? \_\_\_\_\_

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

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

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

**2017-2018 GENERAL FIELD TRIP PERMISSION – HOLDEN SCHOOL**

Periodically during the school year various classes take a one day or less field trip for educational, recreational, and entertainment purposes. These trips are well chaperoned and the school takes precautions to make these trips safe.

I give my permission for my son/daughter \_\_\_\_\_ in grade \_\_\_\_ to go on these trips in school provided transportation which will be owned and operated by the school.

I understand that a notice of any field trip will be given prior to the date of the trip. If I do not wish my child to attend, I will notify the school at that time.

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

**2017-2018 PUBLISHING PERMISSION – HOLDEN SCHOOL**

**PARENT/GUARDIAN  
AGREEMENT FORM TO PUBLISH STUDENT INFORMATION ON THE RSU #63 WEBSITE**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Name of Parent(s)/Guardian(s): \_\_\_\_\_

RSU #63 has a policy requiring written permission from a student's parent/guardian prior to publishing student information, photographs or work on the district website. A copyright notice is also included prohibiting the copying of student work without express written permission. In the event that a request for copying is received by RSU #63, the student's parent/guardian will be notified.

- I. Please indicate below whether or not you agree to the publication of your child's information/photograph/work and return this form to the school office as soon as possible.
- II. This agreement will remain in effect for the entire school year unless it is rescinded in writing. If you have any questions, please contact the building Principal.

\_\_\_\_\_ I grant permission for my child's information/work to be published on RSU #63's website.

\_\_\_\_\_ I grant permission for my child's photograph to be published on RSU #63's website.

OR

\_\_\_\_\_ I do not want my child's information/photograph/work to be published on RSU #63's website. *Please note: if you select this option your student's name and/or picture will not appear in the newsletter or other printed material for honor rolls, awards, sports team participation, or any other school activity in which they are involved.*

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature(s)

Date





## **2017-2018 FILMING PERMISSION – HOLDEN SCHOOL**

Holden School occasionally has local television networks televise on our school premises. Teachers may photograph or videotape students during activities, assemblies or field trips for use in the classroom or in the yearbook. Student teachers may film their classes for review at the college level and/or for their personal portfolios.

### **FILMING PERMISSION**

**Yes, I give permission** for my child to be filmed by local television networks that are on school premises or by student teachers filming their classes for review at the college level and/or for their personal portfolios.

**No, I do not give permission** for my child to be filmed by local television networks that are on school premises or by student teachers filming their classes for review at the college level and/or for their personal portfolios.

\_\_\_\_\_   
Date

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

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**2017-2018 STUDENT COMPUTER/INTERNET USE ACKNOWLEDGMENT FORM**

\_\_\_\_\_   
Student Name (please print)

\_\_\_\_\_   
Date

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

### **Parent/Guardian:**

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

\_\_\_\_\_   
Parent/Guardian (please print)

\_\_\_\_\_   
Date

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

Questions/Comments

Please return to your student's school by October 1, 20\_\_\_\_

\*A copy of *IJNDB Student Computer/Internet Use* can be found in the Parent/Student Handbook.

# OPTIONAL Dental Hygiene Services at School



## PREVENTION WORKS

If your child does not go to a dental office on a regular basis or currently have a dental home they can have dental hygiene services at school with Prevention Works. Any questions call 949-2963. If needed, all services will be provided unless you request otherwise: *Cleaning, Fluoride, Sealants, and Temporary Protective Restoration & or Silver Fluoride (SF) to temporary manage cavities until your child can get to a dentist to have permanent fillings. When a cavity is treated with (SF) the tooth will turn dark, this is a good indication that the infection in the tooth is dying.*

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone # (cell/home): \_\_\_\_\_  
School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Has Your Child Seen a Dentist: Y/N  
Name of Dentist: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_ Any Dental Concerns: \_\_\_\_\_  
Circle Services Performed at last appointment: **CLEANING FLUORIDE FILLINGS EXAM XRAYS**  
Name and Number of Physician: \_\_\_\_\_ **PINENUT OR PEANUT ALLERY: Y/N**  
List Allergies: \_\_\_\_\_ List Medications: \_\_\_\_\_  
List Any or All Medical Conditions: \_\_\_\_\_  
Does Your Child Need Premedication (antibiotics) prior to dental appointment: Y/N Why? \_\_\_\_\_

***Please Check One of the Following Below (no insurance, mainecare or insurance)***

    ***No Insurance/Self Pay*** Method of payment cash, checks or money order payable to Prevention Works (\$20 fee for insufficient funds). Payment is due on day of services.

    \$52.00 Cleaning & Fluoride 13 & up                          \$42.00 Cleaning and fluoride 12 and under  
    \$30.00 Protective Restoration or SF                          \$16.00 Each Sealant, total # of teeth \_\_\_\_\_

    ***MaineCare*** ID # \_\_\_\_\_

    ***Dental Insurance*** Insurance Name & Phone Number: \_\_\_\_\_ Name of Subscriber & DOB: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_ Group ID# \_\_\_\_\_

I give my permission for my child to receive dental hygiene services which are listed above unless indicated otherwise. I acknowledge these services are completed by a dental hygienist, not a dentist during school time and does not take the place of dental exams. I understand my child will be seen 2 times a year. I am aware that if I do not have insurance, there is a fee for services completed. I agree to notify the school nurse or Prevention Works of any changes in my child's medical history. I understand that Prevention Works follows HIPAA confidentiality requirements of patient records. In order to provide my child with the proper care, I give my permission to request or release confidential dental and health information pertaining to my child. This may include receiving of payment, previous dental records, referrals, or information released to the school nurse or Prevention Works.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



# Maine Migrant Education Program School Survey 2017-2018

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

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

Please fill out *completely* to find out if your child may qualify for our free services such as: **tutoring, free lunch, and graduation support**

Have your children moved with you across school district lines in the last 3 years?  
 Yes  No

Did you or another person in your home work in agricultural or fishing in the past three (3) years?  
 Yes  No

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



Feed Cattle, Processing, Packing



Dairy



Eggs



Harvest Blueberries



Cultivation, soil preparation



Fishing, Fish Processing



Lobstering



Harvest (fruit and vegetables)



Milling, Cotton



Trees Planting, Cutting



Greenhouse, Nursery, Sod



Harvest Potatoes



Picking Apples

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

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

Please list children below:

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

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to one of your child's teachers, or to the central office of your school. If you have any questions about the purpose of this form, please call 207-624-6722. Thank you!

**SCHOOL STAFF: MAIL US THIS FORM IF QUESTIONS 1 & 2 BOTH SAY 'YES'**  
For the most up to date version of this form go to website: <http://maine.gov/doe/migrant/forms/index.html>

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

David Fisk, State Director  
David.Fisk@maine.gov

*form updated January 2017*

**Signature Page  
2017-2018**

This is to certify that I have received, read and understand the Parent/Student Handbook, and will follow the rules and policies within. I have also reviewed this Handbook with my child(ren) and will be sure he/she abides by the rules and policies.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

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

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

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT AND RIDER CONDUCT ON SCHOOL  
VEHICLES ACKNOWLEDGEMENT**

I have read the bus safety regulations and rules and have reviewed them with my child.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
CHILD'S NAME:

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
PHONE NUMBER: