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.
REGIONAL SCHOOL UNIT #63
STUDENT ENROLLMENT FORM

Check one: ☐ Initial Enrollment ☐ Transfer Student Town of Residency_____________ First Day of School_____________

Legal Name of Student ____________________________________________________________
_________________  __________________________  __________________________
First         Middle          Last

Date of Birth__________________ Place of Birth__________________________________ Sex (circle one)       Male       Female

Evidence of Date of Birth: ☐ Birth Certificate (required by 20-A.M.R.S.A. § 6002) Retain Copy

Ethnic Background (circle one)  Caucasian/White  American Indian/Native American  African American/Black  Hispanic  Asian/Pacific Islander

Physical Address ________________________________

Mailing Address (if different from above) ________________________________

Are one or both of this student's parents on full-time duty in the active uniformed service of the United States (including members of the National Guard and Reserve on active duty orders), or within one year of medical discharge or retirement from those uniformed services? Yes  No (Parent is not required to provide this information.)

Student lives with (check all that apply):

☐ Father: Name ___________________________ Daytime Phone ___________________________ Home Phone ___________________________
Cell ___________________________ E-mail Address ___________________________ Place of Employment ___________________________
Address (if other than above) __________________________________________

☐ Mother: Name ___________________________ Daytime Phone ___________________________ Home Phone ___________________________
Cell ___________________________ E-mail Address ___________________________ Place of Employment ___________________________
Address (if other than above) __________________________________________

☐ Legal Guardian: Name ___________________________ Daytime Phone ___________________________ Home Phone ___________________________
Cell ___________________________ E-mail Address ___________________________ Place of Employment ___________________________
Address (if other than above) __________________________________________

c/o 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. *A Power of Attorney is no longer accepted as legal documentation.*
c/o 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.
c/o the student is an emancipated minor, a certified copy of the court order must be attached.

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 reserves the right to require 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 __________________________________________

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?

Does your child receive special education services? Yes  No
If yes, specify __________________________

Is your child enrolled in a 504 plan? Yes  No

Please circle one:

1. 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 Medicaid? Yes  No
If yes, Medicaid # __________________________
Maine Care # __________________________

4. Is child a ward of the state? Yes  No

5. Eligible for Free/Reduced Meals? Yes  No

Rev. 8/2010
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 128 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):

- 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
- Parent/legal guardian provides a written statement from a physician that immunization against one or more diseases may be medically advisable (required each year); OR
- 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.

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<th>Name</th>
<th>Age</th>
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<th>Age</th>
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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:

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
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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: EMHC 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 withdrawn 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

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<tr>
<th>Child/Children</th>
<th>Grade</th>
<th>Name and address of last school attended</th>
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</table>
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: _____________________

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<tr>
<th>School Use Only</th>
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<tr>
<td>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.</td>
</tr>
<tr>
<td>1. Have you observed the student use a language other than English? __________________</td>
</tr>
<tr>
<td>2. Has the student indicated to you that he/she uses a language other than English? ________________</td>
</tr>
<tr>
<td>Teacher Signature: ___________________________ Date: _____________________</td>
</tr>
</tbody>
</table>

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

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

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.

____________________________________________  ________________________________
Patent/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 ALLERGY: 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:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Grade</th>
<th>Date of Birth</th>
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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

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: