

PROOF OF RESIDENCY – ATTACH TWO RESIDENCY AND ONE GUARDIANSHIP:

- Property tax bill
- Rental agreement
- Motor vehicle registration
- Driver’s license
- Hunting or fishing license
- Utility bills
- Property insurance
- Separation agreement, divorce judgement, or parental rights and responsibilities judgement
- A court order identifying my residence, the primary evidence of my child, or the allocation of parental rights and responsibilities among the parents/legal guardians of my child
- Birth Certificate
- Other (please specify): _____

RSU 63 MAY REQUIRE THAT YOU PROVIDE ADDITIONAL PROOF OF RESIDENCY

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 (check one) Male Female

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

Ethnic background (check 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 status 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 _____ Work Phone _____ Home Phone _____

Cell _____ Email Address _____ Place of Employment _____

Address (if other than student's address) _____

Mother. Name _____ Work Phone _____ Home Phone _____

Cell _____ Email Address _____ Place of Employment _____

Address (if other than student's address) _____

Legal Guardian. Name _____ Work Phone _____ Home Phone _____

Cell _____ Email Address _____ Place of Employment _____

Address (if other than student's address) _____

- 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. **A Power of Attorney is no longer accepted as legal documentation.**
- 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 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 SAD#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 child receive special education services? Yes No
If yes, specify _____

Is child enrolled in a 504 plan? Yes No

Please check 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

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):

- 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 inadvisable (*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:			
Name _____	Age _____	Name _____	Age _____
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 one)

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 No. _____

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:

HOLBROOK SCHOOL
202 KIDDER HILL ROAD
HOLDEN, ME 04429
PHONE: (207) 843-7769
FAX: (207) 843-4328

Please send the complete pupil information to the address listed below 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

Grade

Name and address of last school attended

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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