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
Student Registration Form

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 __________________________
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 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

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<tr>
<th>Child/Children</th>
<th>Enrolling in</th>
<th>Grade</th>
<th>Name and address of last school attended</th>
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Rev. 6-2020
Maine Migrant Education Program

School Survey 2022-2023

School Name: ___________________________ School District: ___________________________

The following information is confidential and for Migrant Education screening only. Please complete to see if your child may qualify for free services such as: free lunch, education and support services, and graduation support.

1. Have you or anyone in your home worked temporarily or seasonally in agriculture or fishing anywhere in the U.S. in the past 3 years? □ Yes □ No

   If yes, please circle all that apply:

   Feed Cattle, Processing, Packing
   Dairy
   Eggs
   Blueberries
   Cultivation, Soil Preparation
   Fishing, Fish Processing
   Lobstering
   Broccoli / Cauliflower
   Fishing Elvers
   Forestry (landscaping not included)
   Greenhouse, Nursery, Sod
   Harvest Potatoes
   Picking Apples
   Harvest ANY fruits or vegetables

2. If yes, did you or that person change your residence to do this work (even if only for a short period of time like a week)? □ Yes □ No

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

   Parent/Guardian Name: ___________________________ Phone: ___________________________

   Street Address: __________________________________ City: ___________________________

   Best Day and Time to Call: __________________________ Email: __________________________

Please list children below:

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<th>First Name</th>
<th>Last Name</th>
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<th>Date of Birth</th>
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Please return this form to one of your child’s teachers, or to the central office of your school. We will call you to see if your children are eligible for the program.

If you would like to speak with us directly about our services, call (207) 530-1807. Thank you!

SCHOOL STAFF: PLEASE MAIL US THIS FORM IF ALL QUESTIONS SAY ‘YES’

For the most up to date version of this form go to website: https://www.maine.gov/doe/migrantform

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

Matthew Flaherty
Matthew.Flaherty@maine.gov
(207) 530-1807