

**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

## 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 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

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

REGIONAL SCHOOL UNIT #63  
STUDENT ENROLLMENT 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

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

Ethnic background (check all that apply):  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):**

Parent/Guardian. Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell \_\_\_\_\_ Email Address \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Address (if other than student's address) \_\_\_\_\_

Parent/Guardian. 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 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.

**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 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 (check all that apply)

Contact family physician: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Take child to any licensed physician

Take child to emergency hospital       Northern Light       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)***

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,

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 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



# Maine Migrant Education Program

School Survey 2020-2021

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

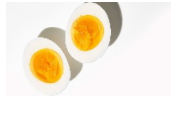
**If yes, please circle all that apply:**



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:

First Name	Last Name	Grade	Date of Birth

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) 624-6722. 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

Amelia Lyons, State Director  
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(207) 624-6722

*form updated February 2020*