



RSU #50 Returning Student Enrollment Form

Southern Aroostook Community School
922 Dyer Brook Road
Dyer Brook, ME 04747
Phone: (207) 757-8206
Fax: (207) 757-7313

Please complete this form (front/back), sign and return to the school.

☐ Please indicate if any of the information provided below has changed from last year

STUDENT INFORMATION

LAST: _____ FIRST: _____ MIDDLE: _____

Student Cell Phone: _____

Town of legal Residence (circle one): **Oakfield** **Dyer Brook** **Island Falls** **Crystal** **Hersey** **Merrill** **Smyrna** **Other** _____

Physical Address: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

STUDENTS AT SAME ADDRESS:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All numbers provided may be called in a district/school-wide emergency

Contact
Priority
1

Name:					Relationship: Mother / Father / Guardian / Step-parent	
Priority	Phone	Ext	Text	Automated calls		
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has or shares custody	
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lives with student	
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Call for school pick-up	
	Other	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Call in emergency	
Mailing Address			<input type="checkbox"/> Same as student		Email	

Contact
Priority
2

Name:					Relationship: Mother / Father / Guardian / Step-parent	
Priority	Phone	Ext	Text	Automated calls		
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has or shares custody	
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lives with student	
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Call for school pick-up	
	Other	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Call in emergency	
Mailing Address			<input type="checkbox"/> Same as student		Email	

Student Information Notices and Agreements

Annual Review [2021-2022 School Year]

STUDENT NAME

LAST:

FIRST:

MIDDLE:

STUDENT COMPUTER AND INTERNET USE

Student use of school computers, network and internet is provided to all RSU #50 students. The Southern Aroostook community recognizes that the use of technology is essential to the success of our students' education. Students are required to comply with the student computer and internet policy (IJNDB).

Initial to acknowledge _____ STUDENT _____ PARENT/GUARDIAN

INFORMATION ON RSU #50 WEBSITE

RSU #50 maintains a website to provide information about the schools, its programs and activities, and student and staff achievements. Maine law requires public schools to obtain written approval from parent(s)/guardian(s) prior to publishing personal information about students on the **Internet**. Such information may include: full names of students in connection with class rosters, honor rolls, awards received, and team/activity participant lists; group and/or individual photographs of students; individual student or class work (Including, but not limited to creative writing, research projects, art work, music performances and audiovisual presentations).

___ **YES**, I do grant permission for my child's information to be published on the RSU #50 website.

___ **NO**, I do not grant permission for my child's information to be published on the RSU #50 website.

FOR HIGH SCHOOL STUDENTS ONLY

The No Child Left Behind Act requires secondary schools to provide student names, addresses and telephone numbers to both military recruiters and institutions of higher education upon request. Parent(s)/guardian(s) may prevent the release of student information to military recruiters and/or institutions of higher education by checking the appropriate line(s) below. If the appropriate line is not checked or this signed form is not returned, the school is required by federal law to disclose the student's name, address and telephone numbers to any military recruiters and/or institutions of higher education that request it.

INFORMATION PROVIDED TO MILITARY RECRUITERS

___ **YES**, I do grant permission for my child's name, address and telephone number to be released to military recruiters.

___ **NO**, I do not grant permission for my child's name, address and telephone number to be released to military recruiters.

NOTE TO PARENT(S)/GUARDIAN(S): Permissions remain in effect until modified by the parent(s)/guardian(s). A signature is required below to

NOTE: any of the above permissions. This form may be requested at any time in order to make modifications or become ill at school. In the event I cannot be reached in an emergency, I give permission for RSU #50 to transport my child to a medical facility to obtain medical care. I understand that RSU #50 does not assume any financial responsibility for the provision of medical transportation and/or medical care, and any charges for such services remain my responsibility.

Month/Day/Year

Parent/Guardian Name

Parent/Guardian Signature