

Hermon High School
2415 Route 2
Hermon, Maine 04401
(207) 848-4000
Fax: (207) 848-5591

Brian M. Walsh
Principal

Stephanie Biberstein
Assistant Principal

Application for Enrollment at Hermon High School

Student Name: _____

The following information and certifications are required before a student will be considered for admittance to Hermon High School.

Student's Full Legal Name: _____

Date of Birth: _____

Student's Residence in (Street Address) (City/Town):

Home Telephone/Cellphone Number: _____

_____ Copy of Birth Certificate _____ Documented Proof of Residency

Custody: (please check all that apply):

_____ Parents married, living together

_____ Joint Custody (please attach legal document)

Student lives with: _____

Telephone Number: _____

_____ Sole Custody (please attach legal document)

Student lives with: _____

Telephone Number: _____

_____ Other: (must attach legal documents) _____

_____ If the student lives with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.

_____ If a custodial parent/guardian wishes Hermon High School 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 (please attach court order).

Parent/Guardian Certification of Residency

I certify that I live with the student named above at the street address identified above. I understand that Hermon School Department 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 Hermon School Department.

Signature: _____ Date: _____

Printed Name: _____

Student Education/Disciplinary Records from Previous School

School that student is transferring from: _____

Name of Principal: _____

Student's current grade level: _____

Reason for Transfer: _____

Has the student been expelled from their current school? Yes ____ No ____

Has the student been suspended from their current school? Yes ____ No ____

Did the student withdraw before an expulsion hearing? Yes ____ No ____

Did the student withdraw before a suspension? Yes ____ No ____

If the answer is YES, please attach a written statement of the circumstances.

The applicant is hereby notified that the Hermon School Department, in accordance with 20-A M.R.S.A. 6001-B, shall request all of the student's education and disciplinary records from the school he/she is transferring from. The Hermon School Department 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 student has been expelled or suspended or withdrew from school before an expulsion hearing or suspension, the student will not be allowed to enroll in Hermon High School until the Superintendent has made a determination as to whether to admit the student and if so, under what conditions.

If an applicant is allowed to enroll in Hermon High School pending receipt of education and disciplinary records, such enrollment shall be considered temporary until the Superintendent has made a determination as to the student's disciplinary status in the previous school.

Has student ever been enrolled at a school in the Hermon School District.

Yes _____ No _____

Immunization Records

Immunization records (signed statement from health provider specifying immunizations received, dates and dosages). 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).

Non-immunized students are not permitted to attend school unless one of the following conditions is met. **(please check applicable box)**

_____ Parent/Legal Guardian provides written assurance that the child will be immunized within 90 days of this application **(this option is only available once in the student's school years); 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 a written statement that immunization is contrary to their religious, moral or philosophical beliefs or other personal reasons **(required each year).**

Student Information Sheet

Student Name: _____

Current Grade: _____ Grade Next Year: _____ Sex: _____

Student's Date of Birth: _____ Social Security: _____

Legal Guardian: _____ Mother _____ Father _____ Both _____

Other: _____ (documentation must be provided)

Physical Address: _____

Town: _____ State: _____ Phone # _____

Mailing Address same as Physical Address: _____

Mailing Address: _____

Town: _____ State: _____ Phone # _____

Mother/Guardian: _____ Phone# _____

Address: (if different from student's) _____

Father/Guardian: _____ Phone # _____

Address: (if different from student's) _____

Town Students resides in (not mailing address): _____

Town Legal Guardian resides in (not mailing address): _____

Mother/Guardian's Occupation: _____

Place of Business: _____ Phone # _____

Mother/Guardian's Email Address: _____

Father/Guardian's Occupation: _____

Place of Business: _____ Phone # _____

Father/Guardian's Email Address: _____

Does the above named student suffer from any physical or emotional handicap that we should know about for his/her safety and well being?

Is your child presently receiving Special Education and/or 504 services?

_____ Yes _____ No

Is your student currently suspended or has your student been expelled from previous school? _____ Yes _____ No

In the event of an emergency involving your child, please give us the following information: (to be called, if parents are unavailable)

Child is sick and needs to go home - name of person to call:

_____ Phone #: _____

_____ Phone #: _____

Child needs prompt medical attention - Doctor to call:

_____ Phone #: _____

In the event that emergency contact/doctor is available, is it all right to have the house doctor at EMMC/St. Joseph's (please circle) care for your child? (if NO, please explain what you would prefer to have us do.) _____

Primary Language spoken at home: _____ (example: English, French, etc...)

English Proficiency: _____ (choose one below) (LEP=Limited English Proficient)

01 Native English Speaker

04 Transitioned Back to LEP

02 Bilingual - Never LEP

05 Former LEP

03 Limited to English Proficient

06 Status Unknown

Ethnicity Code: _____ (choose one below)

A Asian/Pacific Islander

H Hispanic

B African American/Black

I American Indian/Native Alaskan

C Caucasian/White

School Lunch Eligibility: _____ (choose one below)

F Free Lunch

N None

R Reduced

U Update Required

City/Town and State of Birth: _____

Country of Birth: _____ County of Residence: _____

Medicaid Number: _____

Mother's Maiden Name: _____

Are you a ward of the State of Maine? _____ Yes _____ No

Are you a State of Maine Agency Client? _____ Yes _____ No

Are you or your family homeless? _____ Yes _____ No

Is your family of migrant status? _____ Yes _____ No

Mother's/Guardian Signature: _____

Father's/Guardian Signature: _____

_____ For Office Use Only! _____

_____ PS

Residency Verification

Hermon School Department

The Hermon School Department requires all new students from preschool through grade twelve (12) provide evidence of residency before admittance. The school attendance officer investigates cases where attending children may not be living in town.

Student's Name: _____

Parent/Guardian Name: _____

Address: _____

Date of Birth: _____ Grade: _____

Town of Residency:

_____ Hermon _____ Carmel _____ Levant

_____ Glenburn (must get a Student Residency Verification Form from Glenburn School Department.

_____ Other: _____

Proof of Residency

_____ Utility Bill with Address

_____ Signed Lease

_____ Property Tax Bill

_____ Other: _____

Signature of Resident Date

Verified by School Official Date

Attach Copy of Proof to this Form

Hermon High School
Guidance Department

2415 Route 2
Hermon, Maine 04401
Telephone: (207) 848-4026
Fax: (207) 848-3375

Leslie Smith, Director of Guidance
Lillian Barry, School Counselor
Kara Kitchin, Social Worker
Brittany Duell, Registrar/Secretary

Records Request Form

Date: _____

This is to certify that I _____ the Parent/Legal
(Parent/Guardian)

Guardian of _____, Grade: _____ do hereby
(Student Name)

request the HEALTH RECORDS, CONFIDENTIAL HEALTH RECORDS (those related to HIV status, substance abuse treatment, health care & treatment and mental health treatment), EDUCATIONAL RECORDS and DISCIPLINE RECORDS of the listed child be transferred to Hermon High School: 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/Guardian.
3. An opportunity for a hearing to challenge the content of the records to be provided.

I have been informed and understand my rights regarding the transfer of pupil records.

Signature of Parent/Legal Guardian

Name of Previous School: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____

E-mail transcript and immunization records to:
brittany.duell@schools.hermon.net

**Please advise Hermon High School, if the student has been screened for (or receives) Special Services and e-mail the current IEP or 504 plan.
Remember to "EXIT" the student from the State of Maine MEDMS system.**

Hermon High School



If Hermon High School T-Shirts are available please indicate the size you would like:

Student Name:

T-Shirt Size:

Hermon School Department
No Child Left Behind
McKinney - Vento Eligibility Form

Student Name: _____

Date: _____

1. Are you living in any of the following situations:

_____ sharing housing with relatives or others due to lack of housing.

_____ in a shelter or transitional living program.

_____ in a motel, hotel, park or campground due to lack of adequate housing.

_____ in a car or RV or in a public place. (such as a bus station)

_____ in sub-standard housing, such as an abandoned building.

_____ without a parent or guardian, or a teen (up to age 21) living independently.

_____ awaiting foster care.

_____ parents are migrant workers.

_____ in other situations that are not fixed, regular or adequate for nighttime residence.

If none of the above applies, fill in the circle **O** and STOP filling out this form.

2. If you answered "YES" to any of the above, please provide:

Your last address before you lost your fixed housing:

Physical address of where you are living now:

I verify the above information is true and accurate.

Signature

Relationship to Student

Code: IJNDB
Adopted 2/10/03
Amended 3/20/06
Amended 4/9/12
Amended 7/9/12

Hermon School Department

Student Computer and Internet Use and Internet Safety

Hermon School Department's computers, network and Internet access are provided to support the educational mission of the schools and to enhance the curriculum and learning opportunities for students and school staff. This policy and the accompanying rules also apply to laptops issued directly to students whether they are used at school or off school premises.

Compliance with the Hermon School Department's policies and rules concerning computer and Internet use is mandatory. Students who violate these policies and rules may have their computer privileges limited, suspended or revoked. The building principal is authorized to determine, after considering the circumstances involved, whether and for how long a student's computer privileges will be altered. The building principal's decision shall be final.

Violations of this policy and the Hermon School Department's computer and Internet rules may also result in disciplinary action, referral to law enforcement, and/or legal action.

Hermon School Department's computers remain under the control, custody and supervision of the School Department at all times. The Hermon School Department monitors all computer and Internet activity by students. Students have no expectation of privacy in their use of school computers, whether they are used on school property or elsewhere.

INTERNET SAFETY

The Hermon School Department utilizes filtering technology designed to block materials that are obscene or harmful to minors and child pornography. Although the Hermon School Department takes precautions to supervise student use of the Internet, parents should be aware that the Hermon School Department cannot reasonably prevent all instances of inappropriate computer and Internet use by students in violation of Hermon School Committee policies and rules, including access to objectionable materials and communication with persons outside of the school. The Hermon School Department is not responsible for the accuracy or quality of information that students obtain through the Internet.

In the interest of Internet student safety, the Hermon School Department also educates students about online behavior, including interacting with other people on social networking sites and chat rooms, the dangers of engaging in hacking and other unlawful online activities and issues surrounding "sexting" and cyberbullying awareness and response.

The superintendent/designee shall be responsible for integrating age-appropriate Internet safety training and "digital citizenship" into the curriculum and for documentation of Internet safety training.

IMPLEMENTATION OF POLICY AND "ACCEPTABLE USE" RULES

The superintendent /designee shall be responsible for implementation of this policy and the accompanying "acceptable use" rules. The superintendent/designee may implement additional administrative procedures or school rules consistent with School Committee policy to govern Internet access and the day-to-day management, security and operations of the Hermon School Department's computer and network systems and to prevent the unauthorized disclosure, use and dissemination of personal information regarding minors.

Students and parents shall be informed of this policy and the accompanying rules through student handbooks, the school website, and/or other means selected by the superintendent.

Legal Reference: 20 USC § 677 (Enhancing Education through Technology Act)
47 USC § 254(h)(5) (Children's Internet Protection Act)
47 CFR § 54.52
Federal Communications Commission Order and Report 11-125

Cross Reference: EGAD Copyright Compliance
GCSA Employee Computer and Internet Use
IJNDB-R Student Computer and Internet Use
IJND Distance Learning Program

Code: IJNDB-E
Adopted: 2/10/03
Amended: 4/9/12

Hermon School Department

**Student Computer/Internet Use
Acknowledgment Form**

No student shall be allowed to use school or personal computers or the Internet until the student and parent/guardian have signed and returned this acknowledgment to the school.

Student:

I have read policy

IJNDB – Student Computer and Internet Use and Safety
IJNDB-L – Use of Mobile Computing Devices;
IJNDB-LR – Guidelines for Use of Mobile Computing Devices; and
IJNDB-R – Student Computer/Internet Use Rules

and agree to comply with them.

Signature of Student

Date

Parent/Guardian:

I have read policy

IJNDB – Student Computer and Internet Use and Safety
IJNDB-L – Use of Mobile Computing Devices;
IJNDB-LR – Guidelines for Use of Mobile Computing Devices; and;
IJNDB-R – Student Computer/Internet Use Rules

and agree to comply with them.

Signature of Parent/Guardian

Date



Maine Migrant Education Program















School Survey 2021-2022

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
 amelia.lyons@maine.gov
 (207) 624-6722

form updated February 2020



HERMON SCHOOL DEPARTMENT (HSD)
P.O. Box 6360, Hermon, ME 04402-6360
Phone: (207) 848-4000 #6000, Fax: (207) 848-5226

Gary J. Gonyar, Superintendent of Schools
Brian M. Walsh, HHS Principal
Micah Grant, HMS Principal
Jenny Perry, HES Principal

Student Media Consent and Release Form

Throughout the school year, students (and their work) may be highlighted in efforts to promote HSD schools, activities, and achievements. Students and their work may be featured in materials to increase public awareness of our schools through newspapers, radio, TV, school websites, displays, brochures, school social media outlets, and other types of media.

I, as the parent or guardian of (Please Print) _____, hereby

(Please Check One Box Below)

- Grant** HSD and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child (*and their work*) for use in audio, video, film, or any other electronic, digital and printed media.
- This is with the understanding that neither *HSD* nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
 - I further release and relieve *HSD*, its Board, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

- Do not grant** *HSD* and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child (*and their work*) for use in audio, video, film, or any other electronic, digital and printed media.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.

Name of child (Please Print) _____

School _____ Grade _____

Signature of parent/guardian _____ Date: _____

Hermon High School Parent(s) and/or Guardian(s) and 11th and 12th grade Students,

Public Law 107 – 110 (H.R. 1) Section 9528, of the NO CHILD LEFT BEHIND ACT OF 2001, is titled *Armed Forces Recruiter Access to Students and Student Recruiting Information*.

In accordance with section (a)(1) of this Act, each local educational agency receiving assistance under this Act shall upon request provide military recruiters access to secondary school student's names, addresses and telephone listings.

A formal request has been made to Hermon High School for all student information.

Section (a)(2) of the Act states: A secondary school student or the parent of the student may request that the student's name, address and telephone listing not be released without prior written parental consent and the local educational agency shall notify parents of the option to make a request and shall comply with any request.

Please complete this request form if you, or your parent, DO NOT want your name, address and phone number released to a United States Armed Service Recruiter.

Name (Please Print): _____

Grade: _____

Date: _____

Signature(s):

Student Signature

Parent Signature