

# RSU 19 SCHOOL DEPARTMENT - STUDENT REGISTRATION FORM

☐ EDS (PK-4)

☐ SEB (PK-4)

☐ SOM (PK-4)

☐ NRMS (5-8)

☐ NRH (9-12)

Student Name: \_\_\_\_\_  
(Last) (First) (Middle) (Preferred/Nickname)

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_ Gender: M or F Grade: \_\_\_\_  
2021-2022 School Year

**\*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? (Check all that apply) Both parents Parent 1 Parent 2

Guardian Stepparent Other: \_\_\_\_\_

Is student a State Agency Client?

☐

Yes

☐

No

Is student a state ward?

☐

Yes

☐

No

Status of parents: Married Single Separated Divorced Deceased Other: \_\_\_\_\_

## Primary Household Information: (Student's Primary Residence)

Primary Language Spoken at Home: \_\_\_\_\_ Date First Entered US School: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

1. Parent/Guardian's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

2. Parent/Guardian's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**Secondary Household Information: (Student's Secondary Residence)**

Primary Language Spoken at Home: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

1. Parent/Guardian's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

2. Parent/Guardian's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

**Siblings of Student:** (relationship: brother, sister, stepbrother, stepsister, etc.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ age: \_\_\_\_\_

**Other Household Members:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Ethnicity:** Is the individual Hispanic/Latino? ☐ Yes ☐ No**Race:** 1) American Indian or Alaska Native 4) Native Hawaiian or Other Pacific Islander

(check all 2) Asian 5) White

that apply) 3) Black or African American

**Child of U.S. Military Family**

Are one or both of this student's parents:(check only one)

1. Active Duty 2. Full Time National Guard 3. Part-time National Guard or Reserve 4. Not Connected

Alert System: RSU 19 uses “**Apptegy**” as part of our communication system. This program will contact specified phone numbers and/or emails to notify families of upcoming events, school cancellations, emergencies, etc. What number(s) / email(s) would you like us to contact in regards to these events?

Phone Number: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Email: #1 \_\_\_\_\_ #2 \_\_\_\_\_

**EMERGENCY CONTACTS:** In the event the school is unable to contact the parent or legal guardian, I authorize my child to be released to the person(s) listed below:

Name	Relationship	Cell Phone	Home Phone	Work Phone

**Previous School and Programming:**

School Student last attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Length of time at that school: \_\_\_\_\_

Has your child: Repeated a Grade? ☐ Yes ☐ No If yes, what grade? \_\_\_\_\_

Does your child receive any of the following services:

Special Education/IEP \_\_\_\_\_ 504 \_\_\_\_\_ Gifted & Talented \_\_\_\_\_ Title I \_\_\_\_\_ ELL \_\_\_\_\_

Is the student currently subject to expulsion or suspension from the school from which he/she is transferring OR has the student withdrawn from the 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 withdrew from school before an expulsion hearing or suspension, the student will not be allowed to enroll in RSU 19 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 19, 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. RSU 19 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 an applicant is allowed to enroll in RSU 19, pending receipt of education 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.

**SPECIAL MEDICAL CONSIDERATIONS** \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

All medication must be brought in by a parent, and paperwork must be filled out before school personnel can administer any medication.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deem necessary.

**PARENT / GUARDIAN RESIDENCY VERIFICATION***For School Use: Check sources of evidence provided (Two required & please attach copies):*

\_\_\_ Rental Agreement      \_\_\_ Bill of Sale (home)      \_\_\_ Driver's License      \_\_\_ Vehicle Registration

\_\_\_ Court Document      \_\_\_ State Agency Letter      \_\_\_ Post Office Address Verification

\_\_\_ Tax Bill      \_\_\_ Property Deed      \_\_\_ Utility Bill      \_\_\_ Other

School Administrator Verification: \_\_\_\_\_ Date: \_\_\_\_\_

**BIRTH CERTIFICATION / IMMUNIZATION RECORDS**☐ Certified copy of student's birth certificate (required by 20-A M.R.S.A. '6002)☐ 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, rubella and varicella (20-A M.R.S.A. '6352-6359 and Chapter 126 of Maine Department of Education Rules.)

Non-immunized students are not permitted to attend schools unless one of the following conditions is met (please check applicable circle):

☐ Parent/legal guardian provides written assurance that 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 written statement that immunization is contrary to their religious or philosophical beliefs (**required each year**).\_\_\_\_\_  
Signature of Parent / Guardian\_\_\_\_\_  
Date

Bus Student \_\_\_\_\_ Parent Transportation \_\_\_\_\_ Walker \_\_\_\_\_ Own Transportation \_\_\_\_\_

## RSU 19 McKinney-Vento Eligibility Form

Your answers will help determine if the student is eligible for resources and services that support students experiencing housing challenges.

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Address where you currently reside: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is this address **temporary** or **permanent**? (check one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

\_\_\_\_ House or apartment with parent or guardian who owns/leases the residence

\_\_\_\_ Agency placement

\_\_\_\_ Motel or hotel

\_\_\_\_ Car, campsite or building without necessary basic utilities

\_\_\_\_ Shelter or transitional housing

\_\_\_\_ Sharing housing with friends or family members (other than or in addition to parent/guardian)

If the student is living in shared housing, please check all of the following reasons that apply:

\_\_\_\_ Loss of family housing

\_\_\_\_ Economic situation, including loss of employment

\_\_\_\_ Temporarily waiting for house or apartment

\_\_\_\_ Providing live-in care for a family member

\_\_\_\_ Living with boyfriend/girlfriend

\_\_\_\_ Parent/Guardian is deployed

\_\_\_\_ Other

Are you a student under the age of 18 and living apart from your parents or guardian? **Yes** **No**

Are there other children in your family (including those not yet old enough to attend school)? **Yes** **No**

If yes, what are their ages? \_\_\_\_\_

I verify that the above information is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to student



## RSU 19 Health Services

PO Box 40

Newport, Maine 04953

Corinna, Dixmont, Etna, Hartland, Newport, Palmyra,  
Plymouth, St. Albans

### Annual Health Report : 2021-2022

Child's name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of Doctor/and Practice \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Dentist/and Practice \_\_\_\_\_ Phone# \_\_\_\_\_

Accidents/Illnesses/Surgeries within the past year? Yes \_\_\_ No \_\_\_ (if yes, please explain)

Regular Medications? Yes \_\_\_ No \_\_\_ (if yes, please list) *note: medications that need to be given at school need a completed medication form and approval by school personnel.*

Please check the following conditions that apply to your child. Include a brief explanation and any other information necessary in the space below. Please notify your schools nurse if you have any concerns or questions.

☐ No known health problems  
☐ ADD/ADHD  
☐ Allergic to bee stings  
    mild \_\_\_ moderate \_\_\_ severe \_\_\_ (check one)  
☐ Allergic to food (explain below)  
    mild \_\_\_ moderate \_\_\_ severe \_\_\_ (check one)  
☐ Allergic to medication (explain below)  
☐ Allergic to other (explain below)  
☐ Arthritis  
☐ Asthma  
☐ Birth defect/Chromosome disorder  
☐ Blood disorders

☐ Blood/Blood products not to  
be given  
☐ Cancer/Leukemia  
☐ Celiac Disease  
☐ Cerebral Palsy  
☐ Color blind  
☐ Cystic Fibrosis  
☐ Diabetes  
☐ Fainting  
☐ Head injury/concussions  
☐ Heart disease/defect  
☐ Kidney disorder

☐ Menstrual cramps (severe)  
☐ Mental health issues  
☐ Migraine headaches  
☐ Muscular dystrophy  
☐ Nosebleeds (frequent)  
☐ Physical activity limitations  
☐ Rheumatic fever history  
☐ Scoliosis  
☐ Seizures  
☐ Other

Explain \_\_\_\_\_

It may be necessary to share health information with your child's teachers and school staff members (verbally, written, or email form) to ensure his/her safety and welfare here at school. It may be necessary for your child's physician to share healthcare information with school staff members. Please give your consent to the sharing of pertinent health information with school staff members involved with your child by signing below. If you have any questions or concerns please do not hesitate to contact the school nurse.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Betsy Coots, RN-BSN (938-4770)  
Nancy Hoskins, RN-BSN (992-0735)  
Michelle Paradis, RN-BSN (355-3600; 368-4354)  
Maxine Pare, RN-BSN, MS (c) (368-4592)



## RSU 19 Health Services

PO Box 40

Newport, Maine 04953

*Corinna, Dixmont, Etna, Hartland, Newport, Palmyra,  
Plymouth, St. Albans*

### Standing Orders Permission Form

**\*\*Grades PK-12\*\* (2021-2022)**

Student Name \_\_\_\_\_ School \_\_\_\_\_ DOB \_\_\_\_\_

Student Allergies \_\_\_\_\_

The school nurse or designee will follow the standing orders as recommended by the school and the protocols as issued by the State of Maine School Health Policy Manual. My child has permission to receive the following medications/treatments as approved by the school physician when indicated during school hours:

- ☐ Calamine/Caladryl Clear lotion/ointment may be used for itching and rashes.
- ☐ Bacitracin ointment may be used for minor injuries after the injury is cleaned with soap and water and dried well.
- ☐ Acetaminophen (e.g. Tylenol) may be given for minor pain including headaches, sore throat, ear pain, toothache, menstrual cramps and other pain.
- ☐ Ibuprofen (e.g. Motrin) may be given for pain including headaches, menstrual cramps or minor injuries.
- ☐ Antacid/calcium carbonate (e.g. Tums) may be given for upset stomach.
- ☐ Bismuth subsalicylate (e.g. Pepto Bismol) may be given for upset stomach.
- ☐ Diphenhydramine (e.g. Benadryl) may be used for mild allergic reactions or hives.
- ☐ Saline eye drops may be used for mild eye irritation/dryness.
- ☐ Sunscreen and/or bug spray may be applied as needed on special occasion outings.
- ☐ An occasional cough drop may be given for sore throat and coughs.
- ☐ Small splinters may be removed.

I understand that school employees are not medically trained personnel. The school nurse may not always be available to dispense/perform the above medications/treatments. With full knowledge of this, I hereby give permission for the administration of the above medications/treatments by the school nurse and/or other non-medical school personnel. **Please indicate which over-the-counter medications you are consenting for school personnel to administer by filling in the appropriate box above.**

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Betsy Coots, RN-BSN (938-4770)  
Nancy Hoskins, RN-BSN (992-0735)  
Michelle Paradis, RN-BSN (368-4354)  
Maxine Pare, RN-BSN, MS (c) (368-4592)

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 child’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 people use with your child daily?

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 this section is completed by a teacher.

Describe evidence that the student’s English language development has been affected by a primary or home 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 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  
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(207) 624-6722

*form updated February 2020*