

STUDENT REGISTRATION FORM
PARENT/GUARDIAN PLEASE COMPLETE THE FOLLOWING

For office use only

- ☐ Carl J. Lamb School
- ☐ Margaret Chase Smith
- ☐ Sanford Pride School
- ☐ Sanford Middle School
- ☐ Sanford High School

BLOCK 1

Registration Date: _____ **Grade Entering:** _____ **Date of Birth:** _____ **Sex:** ☐ Male ☐ Female

Student's Full Legal Name: _____
Last First Middle

Home Address: _____
Number and Street or Road, Apartment number Town Zip Code

Mailing Address (If different from above): _____

Home Phone No: _____

Student's Birth Information: City: _____ State: _____ Country: _____

BLOCK 2

Ethnicity: Is the student Hispanic/Latino: ☐ Yes ☐ No

Race: Choose at least one below
☐ Caucasian/White ☐ Asian
☐ African American/Black ☐ American Indian/Native Alaskan
☐ Native Hawaiian/Pacific Islander

Primary Language Spoken at Home: _____

English Proficiency: ☐ Native Speaker ☐ Bilingual ☐ Limited English Proficient

Is the student a State Ward? ☐ Yes ☐ No **Is the student a State Agency Client?** ☐ Yes ☐ No

Is student an Immigrant ☐ Refugee ☐
If yes, Date Entered U.S.: _____
Date first entered U.S. Schools: _____

Birth Certificate verified by School
Department Employee:

BLOCK 3

Who Holds Legal Custody for this student?
Please list Parent(s), Legal Guardian(s) who have custody and their relationship to the student (e.g. father, mother, step-father, step-mother, etc.)

Full Name: _____ Relationship: _____
Mailing Address: _____
Tel. No. - Home: _____ Work: _____ Cell: _____ E-Mail: _____

Full Name: _____ Relationship: _____
Mailing Address: _____
Tel. No. - Home: _____ Work: _____ Cell: _____ E-Mail: _____

Full Name: _____ Relationship: _____
Mailing Address: _____
Tel. No. - Home: _____ Work: _____ Cell: _____ E-Mail: _____

Who Does the Student Live With? Check all that apply
☐ Mother ☐ Father ☐ Other: _____ ☐ Legal Guardian**

** Legal Guardian Relation: _____
If student resides with a legal guardian who is not the parent, a certified copy of the court order appointing the guardian must be attached.
If a custodial parent/guardian wishes the school to comply with provisions of a court order restricting access to the child, a certified copy of the court order must be attached. If the student is an emancipated minor, a certified copy of the court order must be attached.

☐ Other living arrangements: _____

☐ Parent/Guardian declares the student is Homeless: _____

BLOCK 4

Other Children in Household: (List relationship as brother, sister, step-brother, step-sister, other)

Legal Name	Age	Grade	School	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BLOCK 5

Emergency Contact Information: (List 3 people who may assume temporary care of your student (including Sitter) if you cannot be reached).

Name	Address	Phone	Relationship	Sitter
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

BLOCK 6

Parent/Guardian Certification of Residency:

I certify that the student named above lives at the residence address identified above.
If this residency information changes, I agree to bring it to the immediate attention of the Sanford School Department.

Signature Date

Print Name

Required Proof Of Residency Provided:

- ☐ Utility Bill
☐ Rent Receipt/Mortgage Payment Book
☐ Deed or Real Estate Tax Bill
☐ Driver's License
☐ Voter Registration Card
 _____ Registrar's Initials

CONTINUE FOR TRANSFER STUDENTS ONLY

BLOCK 7

Previous Enrollment Information: (Not for new Kindergarten Registration)

- Previous School's Name, Address, Telephone No.:

- Reason for transfer: _____
- Has the student been previously enrolled in Sanford schools? ☐ Yes - If Yes, what year: _____ ☐ No
- Does the student currently receive Special Services? ☐ Yes – If Yes, check below ☐ No
☐ Special Education ☐ Title 1 ☐ 504 ☐ Gifted/Talented ☐ Speech/Language ☐ Migrant
 Please Explain: _____
- Has the student ever been retained? ☐ Yes – If yes, grade: _____ ☐ No
- Is the student currently:
 - Expelled from the school from which he/she is transferring? ☐ Yes* ☐ No
 - Suspended from the school from which he/she is transferring? ☐ Yes* ☐ No
- Did the student:
 - Withdraw from the school before an expulsion hearing? ☐ Yes* ☐ No
 - Withdraw from school before a suspension? ☐ Yes* ☐ No

**If the answer is yes to 6 or 7 above, 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 the Sanford Schools 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 the Sanford 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 Sanford 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 an applicant is allowed to enroll in the Sanford Schools 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.

OFFICE USE ONLY

Student ID #: _____	<input type="checkbox"/> Original Birth Certificate Provided - Copy for file	<input type="checkbox"/> Health Survey Provided
Year Of Graduation: _____	<input type="checkbox"/> Residency Checked	<input type="checkbox"/> Physical Examination Verification Provided
Date of Entry: _____	<input type="checkbox"/> Home Language Survey Provided	<input type="checkbox"/> Immunization Records Provided

FAX FORM TO: Enrollment Services - 324-5742



Sitter Information for Kindergarten Registration:

Student's Name: _____ Date of birth _____

Will your child be coming to school from ____ home or from a ____ sitter?

If from a sitter, what is the sitter's name: _____

Address _____ Phone _____

Will your child be going from school at the end of the day to ____ home ____ sitter?

If you anticipate having a sitter, but do not have any details at this time, please check here. _____. **Please remember sitters must be in your neighborhood school area.**



Coming to and from school..

We need to know if your child will be coming from home or from sitter...

Sanford School Department

- ☐ Sanford High School ☐ Sanford Middle School
☐ Carl J. Lamb School ☐ Margaret Chase Smith School
☐ Sanford Pride Elementary School

SPECIAL EDUCATION INCOMING STUDENT DATA COLLECTION SHEET

DATE:	MOTHER'S NAME:
STUDENT NAME:	ADDRESS:
	FATHER'S NAME:
DOB:	ADDRESS:
GRADE:	TELEPHONE #:

Is your student in the custody of a state agency? (*This Includes: Dept. of Human Services (DHHS), Dept. of Behavioral & Developmental Services (80S), Dept. of Corrections (DOC)*) ☐ YES ☐ NO

If yes, please list the applicable contacts and their phone number:

DHHS Case Manager: _____ Office Location: _____

BDS Case Manager: _____ Office Location: _____

DOC Case Manager: _____ Office Location: _____

1. Is this student in Foster Care? YES // NO If yes, please list the DHHS Case Manager's contact information above.

2. Does your student currently receive Special Education services? ☐ YES ☐ NO

If yes, please list school, city, and state: _____

3. Has your student received Special Education services in the past? ☐ YES ☐ NO

If yes, please list school, city, and state: _____

4. Is your student identified under Section 504 and has a current 504 plan? ☐ YES ☐ NO

If yes, please list school, city, and state: _____

IF A STUDENT RECEIVES SPECIAL EDUCATION SERVICES OR HAS AN ACTIVE 504 PLAN, THE SANFORD SCHOOL DISTRICT REQUIRES A COPY OF EITHER THE IEP OR 504 PLAN BEFORE THE STUDENT CAN BEGIN SCHOOL.

By signing below, I am acknowledging that above information is true.

Parent/Guardian Signature Date

FOR OFFICE USE ONLY PLEASE:

For ALL incoming students

Please fax this form to the
District Special Education Office
Immediately upon completion of the
student's registration packet to
(207) 459-7813

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**

**Sanford School Department
Kindergarten Screening Medical Form**

Student's Full Name: _____ DOB: _____
Parent/Guardian Name: _____ Phone number: _____

Please check yes or no for each question listed below. The answers will be held in strict confidence by the school nurse and physician and will aid them greatly in evaluating your child. You may add comments explaining the yes answers in the area provided.

REVIEW OF GENERAL HEALTH OF THE CHILD:

Is your child in good health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chronic or frequent vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin Rashes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chronic diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pale skin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Joint pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Easy bruising	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Constipation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent stuffy nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequent stomach pains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent ear infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hernias	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Poor vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bedwetting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hay fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequent urination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nose bleeds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Painful urination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cross-eye or squint	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swollen glands	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teeth cavities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chronic cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequent sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mouth breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Poor appetite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Limp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Weight gain or loss in year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Poor coordination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequent headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Behavior problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recurrent or frequent fevers	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICAL CONCERNS/COMMENTS:

VISION TEST Pass ☐ Fail ☐

HEARING TEST Pass ☐ Fail ☐

DATE OF PHYSICAL EXAM: _____ **FAMILY HYSICIAN:** _____

☐ **CHECK HERE IF YOU WOULD LIKE A CONFERENCE WITH THE NURSE DURING KINDERGARTEN SCREENING**

Sanford School Department

917 Main Street, Suite 200, Sanford, Maine 04073
Tel: 207-324-2810 Fax: 207-324-5742
www.sanford.org

Required Immunizations

Student's Name: _____ Grade: _____

- I understand that within ninety (90) days of enrollment in school, my child needs to show proof of immunization against the diseases of Varicella, Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella and Meningitis
- I understand that students transferring from one school system to another within Maine have 21 days to demonstrate proof of immunization(s)
- I understand that if my child is not fully immunized then I will have him/her immunized within ninety (90) days of enrolling (officially registering) in school or first attendance in school classes, whichever date is the earliest.

Parent/Guardian's Signature

Parent/Guardian's Name (please print)

Date

All children enrolled in a public or private school in Maine must have the following immunizations:

Required for PreK entry:

- 4 DTaP
- 3 Polio
- 1 MMR (Measles/Mumps/Rubella)
- 1 Varicella (chickenpox)

Required for 7th grade entry:

- All previously required vaccines
- 1 Tdap
- 1 Meningococcal Conjugate Vaccine (MCV4)

Required for Kindergarten entry:

- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- 4 Polio (3 Polio if the 3rd is given on or after 4th birthday)
- 2 MMR (Measles/Mumps/Rubella)
- 2 Varicella(chickenpox)

Required 12th grade entry:

- All previously required vaccines
- 2 MCV4 (only one dose is required if the 1st dose is given on or after 16th birthday)

OR

- Medical exemption for one or all vaccines
- Laboratory evidence of immunity to specific diseases or reliable document from a physician or other primary care provider
- Philosophical or religious exemptions are only allowable for students with an IEP and exemption in place prior to September 1, 2021

Each immunization entry must include the vaccine type, date administered and the name of the provider. As of September 1, 2021, only medical exemptions are allowable except as described in [Title 20-A §6355](#)

IMPORTANT: Shot records, immunization certificates and school health records are checked for these requirements by the nurse or nurse's designee. The parent/guardian will be notified of any deficiencies by letter sent home with child.

- According to Maine Law, no child may be enrolled in school without proof of immunization or a certificate of exemption. **Students not immunized ninety (90) days from the date of enrollment/officially registering will not be able to attend school until the immunization requirements are met.**
- **A child not immune from disease shall be excluded from school and school activities when in the opinion of a public health official the child's continued presence in school poses a clear danger to the health of others.** Children excluded from school will be prohibited from attending school until the child is immunized, the danger of the outbreak has passed or the child contracts the disease and completely recovers.

EXEMPTIONS: Starting September 1, 2021, the only **exemptions** recognized by the State are medical exemptions and exemptions for qualifying students with an Individualized Education Plan (IEP). For more information regarding qualifying exemptions, please contact your child's school nurse.

Sanford School Department

917 Main Street, Suite 200, Sanford, Maine 04073

Tel: 207-324-2810 Fax: 207-324-5742

PRE-K AND KINDERGARTEN **PHYSICAL EXAMINATION VERIFICATION**

Student's Name: _____ Date of Birth: ____/____/____

To Be Completed By Physician

Height _____	Weight _____ BMI _____	Lungs _____
Heart _____	Blood Pressure _____	Eyes _____
Abdomen _____	Hemoglobin _____	Ears _____
Genitalia _____	Hernia _____	Nose _____
Muscular-skeletal _____	Throat _____	Reflexes _____
Glands _____	Urinalysis _____	Orthopedic _____
Nervous System _____	Feet _____ Skin _____	Scalp _____

Remarks and Recommendations: _____

Immunizations:

* DPT	1. _____	2. _____	3. _____	4. _____	5. _____
*OPV	1. _____	2. _____	3. _____	4. _____	5. _____
*MMR	1. _____	2. _____	3. _____	4. _____	5. _____
*Varicella	1. _____	2. _____	or <input type="checkbox"/> Varicella Disease: _____ or Titer: _____		
HIB	1. _____	2. _____	3. _____	4. _____	5. _____
Hep B	1. _____	2. _____	3. _____	4. _____	5. _____

* Denotes immunizations required by law before entry to school.

Lead Screening: _____

TB (tine, PPD): _____ Results: _____

Vision Test: _____

Hearing Test: _____

Physician's Signature

Date

Print Name

Telephone



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:

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) 557-1787. Thank you!

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

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

Amelia Lyons, State Director
amelia.lyons@maine.gov
(207) 557-1787
form updated May 2021

PARENT/GUARDIAN--ECONOMIC STATUS FORM

Dear Parents/Guardians:

This form will provide information needed by the Maine Department of Education to determine Sanford School Department's eligibility status for State Economically Disadvantaged funds available under the Essential Programs & Services Funding Act. Data in this form is not for school lunch purposes, only to determine economic disadvantaged status*. If you have any questions, please call Anne L'Heureux at 207-324-2810 ext. 8703. The due date to return this form to your school administrator is September 15, 2022, or it can be processed through the parent portal annual update. Thank you for your cooperation.

Sincerely,

Matt Nelson,

Superintendent

Sanford School Department

Please use the table below as guidance to determine your student's economic status. If household income is less than the Annual or Monthly earnings for your household size in the chart below, then your student meets the economic disadvantaged status criteria. Household size includes adults and children.

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2022 to June 30, 2023											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	13,590	25,142	2,096	1,048	967	484	17,667	1,473	737	680	340
2	18,310	33,874	2,823	1,412	1,303	652	23,803	1,984	992	916	458
3	23,030	42,606	3,551	1,776	1,639	820	29,939	2,495	1,248	1,152	576
4	27,750	51,338	4,279	2,140	1,975	988	36,075	3,007	1,504	1,388	694
5	32,470	60,070	5,006	2,503	2,311	1,156	42,211	3,518	1,759	1,624	812
6	37,190	68,802	5,734	2,867	2,647	1,324	48,347	4,029	2,015	1,860	930
7	41,910	77,534	6,462	3,231	2,983	1,492	54,483	4,541	2,271	2,096	1,048
8	46,630	86,266	7,189	3,595	3,318	1,659	60,619	5,052	2,526	2,332	1,166
For each add'l family member, add	4,720	8,732	728	364	336	168	6,136	512	256	236	118

Student's Last Name	Student's First Name	Name of School	Student's Current Grade	Student Meets Free Category Guidelines	Student Meets Reduced Category Guidelines

Please duplicate this form for additional children. Return this form to your child's school by September 15, 2022

Signature of Parent: _____

Date: _____

* Economically disadvantaged status is defined as students who are included in the department's count of students who are eligible for free or reduced-price meals or free milk or both. [20-A MRSA §15672\(3\)](#).

Matt Nelson
Superintendent

Steve Bussiere
Assistant Superintendent

Sanford School Department

917 Main Street, Suite 200, Sanford, Maine 04073
Tel: 207-324-2810 Fax: 207-324-5742
www.sanford.org

Cheryl Fournier
Business Administrator

Bethany Lambert
Curriculum Director

Stacey Bissell
Special Education Director

SCHOOL COMMITTEE:

Paula Cote, Chair Amy Seigny, Vice-Chair
Jonathan Mapes John Roux Jennifer Davies

Your child may be eligible for additional educational services depending on your housing situation. . Eligibility can be determined by completing this questionnaire. This information is only for education purposes and is protected as an educational record under the Federal Educational Rights and Privacy Act (FERPA).

1. Where do you and your family currently live?

Section A

☐ Live in my own home (rent or own) with immediate family (spouse/partner, children, parents).

STOP: Please return this form without completing the remaining sections.

Section B

Where has your family stayed at night?

Please check ALL the boxes for places you have slept over the past year.

- ☐ Staying temporarily with friends, relatives or other people ("couch-surfing")
- ☐ With an adult that is not a parent or legal guardian
- ☐ At a hotel, motel, in a camper or 5th wheel
- ☐ In a place that lacks water, electricity, or heat; is infested with vermin or mold; lacks working kitchen or a working toilet; presents unreasonable dangers to adults, children, or persons with disabilities
- ☐ In a car, tent, park, bus or train station, abandoned building, shed, or other public place
- ☐ In a temporary shelter or other temporary housing
- ☐ In transitional housing or an independent living program
- ☐ Other (please note): _____

CONTINUE: If you checked a box in Section B, complete the remainder of this form.

2. If you checked a box in Section B, your child(ren) may be eligible for additional support. Please list their information below, including children who are not yet school aged.

Student(s) Name			D.O.B.	Grade	School Name
First	Middle	Last			

Mission Statement: To create educational opportunities in which students are productive, caring, informed and involved citizens, and lifelong learners.

Sanford School Department

917 Main Street, Suite 200, Sanford, Maine 04073
Tel: 207-324-2810 Fax: 207-324-5742

CONSENT FORM TO RELEASE/TRANSFER RECORDS AND INFORMATION

(List previous School, Agency, Physician, or Counselor, etc. – Include Address &/or Phone/Fax if available)

TO: _____

RE: _____ - _____
Student's Name Date of Birth

The purpose of this request is to: _____

REQUESTED BY:

- | | | |
|---|--|--|
| <input type="checkbox"/> Carl J. Lamb School | <input type="checkbox"/> Sanford Middle School | <input type="checkbox"/> Margaret Chase Smith School |
| <input type="checkbox"/> Sanford Pride Elementary | <input type="checkbox"/> Sanford Regional | |
| <input type="checkbox"/> Sanford High School | | |

Please forward the following records and/or reports:

- ☐ State Student ID NUMBER (Maine only)
- ☐ Assessments and Reports
- ☐ Counselors Records / Reports
- ☐ Cumulative Educational Records
- ☐ Health Records, including Immunization Records
- ☐ Other: _____

Mail to:

Sanford School Department
Attn: Anne L'Heureux
Enrollment Services
917 Main St, Sanford, ME 04073
Tel: (207) 324-2810
Fax: (207) 324-5742
E-mail: Alheureux@sanford.org

Please forward all **SPECIAL EDUCATION** and
SECTION 504 records (active and inactive) to:

Sanford School Department
District Special Education Office
Sanford High School
100 Alumni Blvd.
Sanford, ME 04073
Tel: (207) 457-1413
Fax: (207) 459-7813

Parent/Guardian Release/Transfer of Records

I hereby authorize the release/transfer of the above requested information in accordance with 20-A MRSA, §6001-B, of the Maine State Statutes, regarding the transfer of education records:

Date Parent/Guardian Signature

Is the student a State Ward or
State Agency Client? ☐ Yes ☐