

FREE

APPLY TODAY!

FREE

# PRE-K PROGRAMS

Offering Full-Day Options

*Children participate in age appropriate learning experiences that promote school readiness and support holistic development.*  
*Our programs focus on reading and math skills, creativity, health and nutrition, and social-emotional development.*

## Sanford School Department

*No Income Eligibility Requirements*



Monday – Friday  
8:00 am to 3:00 pm

Carl J. Lamb  
Margaret Chase Smith  
Sanford Pride Elementary  
SHS/SRTC



## York County Community Action Head Start & Sanford School Dept. Collaboration

*Income Eligibility Requirement*



FULL DAY SESSION (6 hours)

Monday – Friday  
8:30 am to 2:30 pm

Head Start Facility  
114 Emery Street, Sanford



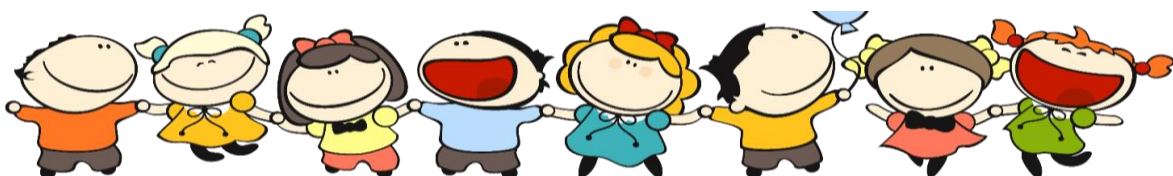
**There are NO COSTS for any of these programs!**  
**FREE BREAKFAST, LUNCH, AND TRANSPORTATION**

Now accepting applications

Application forms are available on [our website](#)

Referrals can also be taken by phone.

For more information, call (207) 324-2810



## Pre-K PROGRAM REGISTRATION FORM

\*\*Please complete the following information and select desired Pre-K program option on 2<sup>nd</sup> page

### BLOCK 1

**Application Date:** \_\_\_\_\_ **Student's Date of Birth:** \_\_\_\_\_ **Sex:** ☐ Male ☐ Female

**Student's Full Legal Name:** \_\_\_\_\_  
Last First Middle

**Home Address:** \_\_\_\_\_  
Number and Street or Road Town Zip Code

**Mailing Address (If different from above):** \_\_\_\_\_

**Home Phone No:** \_\_\_\_\_

**Student's Birth Information:** City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

### BLOCK 2

**Ethnicity:** Is the child Hispanic/Latino: ☐ Yes ☐ No

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

**Is Child an immigrant?** ☐ Yes ☐ No  
If Yes, Date Entered U.S.: \_\_\_\_\_  
Date first entered U.S. Schools: \_\_\_\_\_

Please bring original  
**BIRTH CERTIFICATE**

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

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

**Is child a State Ward?** ☐ Yes ☐ No **Is child a State Agency Client?** ☐ Yes ☐ No

**Health Insurance?** Do you have health insurance? ☐ Yes - List Policy ID # below ☐ No  
☐ Maine Care – Insurance ID #: \_\_\_\_\_ ☐ Private – Insurance Policy #: \_\_\_\_\_

### BLOCK 3

**Who Holds Legal Custody for this Child?**  
Please list Parent(s), Legal Guardian(s) who have custody and their relationship to the child (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: \_\_\_\_\_

**Who Does the Child Live With?** Check all that apply  
☐ Mother ☐ Father ☐ Other: \_\_\_\_\_ ☐ Legal Guardian\*\*

\*\* Legal Guardian Relation: \_\_\_\_\_  
If child 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 child (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

## BLOCK 7

**Pre-K Program Option:**

I understand that Sanford School Department, York County Community Action Corporation Children's Services, and Child Development Services (CDS) collaborate to provide this Pre-K Program. I give permission for the three entities to share information from this application process.

\_\_\_\_\_  
Parent/Guardian Signature Date

**Check Pre-K Program Option 1 or 2 below**

Sanford School Department (No Income Eligibility Requirements) Pre-K Program at Sanford Regional Technical Center, Carl J. Lamb Elementary School, Sanford Pride Elementary School, or Margaret Chase Smith Elementary School

☐ Option 1: Sanford School Department, Monday – Friday, 8:00 am to 3:00 pm

**\*\*Please return form to Sanford School Department – 917 Main St., Suite 200, Sanford, ME 04073 – (207) 324-3210**

York County Community Action - YCCAC & Sanford School Dept. Collaboration (Income Eligibility Requirement)

☐ Option 2: York County Community Action, Monday – Friday, 8:30 to 2:30

The following information will be needed to determine your child's eligibility for this program:

Highest level of education (please check below):

Mother: ☐ 0-8 ☐ Some high school ☐ GED/HS diploma ☐ Some college ☐ Degree

Father: ☐ 0-8 ☐ Some high school ☐ GED/HS diploma ☐ Some college ☐ Degree

How many members are in your household? \_\_\_\_\_

What is your family's approximate yearly gross income? \$ \_\_\_\_\_

**\*\*Please return registration form in person to YCCAC Children's Services, 6 Spruce Street, Sanford, Maine or by mail to YCCAC Children's Services, P. O. Box 72, Sanford, Maine 04073 or by fax to (207) 324 4197.**

An in-person interview will be scheduled with a YCCAC Children's Services employee.

**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
Bus: _____	<input type="checkbox"/> Internet Policy & Release Provided	<input type="checkbox"/> Migrant Form Provided
		<input type="checkbox"/> Media & Emergency Release Provided



### **Sitter and Transportation Information for Pre-K Registration:**

Student's Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Bus Transportation needed? Yes \_\_\_ No \_\_\_

#### **Sitter Information:**

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...*

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 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*

## 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

# 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 7<sup>th</sup> grade entry:

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

### Required for Kindergarten entry:

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

### Required 12<sup>th</sup> grade entry:

- All previously required vaccines
- 2 MCV4 (only one dose is required if the 1<sup>st</sup> dose is given on or after 16<sup>th</sup> 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  
Kindergarten & Pre-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:**

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**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 OR PRE-KINDERGARTEN SCREENING**

# 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

# 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

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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.