



Sheepscot Valley RSU 12 Student Enrollment

School: _____ Grade: _____

Office Use Only:

- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ Proof of Residency
- ☐ Court Documents
- ☐ Language Use Survey
- ☐ Migrant Worker Survey

State Student Number: _____

Home Room: _____

Record Requested:: _____

Records Received: _____

Student's Legal Name: _____

Date of Birth: _____ Gender: Male _____ Female _____

Birthplace: _____

Home Address: _____

Mailing Address: _____

Primary Email for school communications: _____

Secondary Email for school communications: _____

Student Lives With: (check all that apply):

____ Father ____ Mother ____ Legal Guardian

- If a 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 the 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 parents are divorced, a copy of the Divorce Decree must be provided for file.
- Is the enrolling student and their immediate family currently living in a homeless situation?

If yes, please circle one: In a shelter ~ Doubled up ~ Unsheltered ~ Motel/Hotel

- Does your child have access to reliable, high speed internet at his/her primary residence?
☐ Yes, there is high speed Internet access through an Internet provider
☐ No, there is Internet access through an Internet provider but it is slow and/or intermittent
☐ No, there is Internet access through a cellular provider and it is limited by a data cap
☐ No, there is no Internet access

If you answered No above, Is there cellular reception at your child's primary residence?

Yes ☐ No ☐

If you answered No above, is there cable access at your child's primary residence?

Yes ☐ No ☐

If you answered No above, would you like information about resources to help acquire Internet access at your child's primary residence?

Yes ☐ No ☐

Father/Guardian Name: _____

Address (if different from student): _____

Workplace: _____ Marital Status: _____

Work phone number: _____ Cell phone number: _____

Mother/Guardian Name: _____

Address (if different from student): _____

Workplace: _____ Marital Status: _____

Work phone number: _____ Cell phone number: _____

Step Parent Name (if applicable): _____

Step Parent phone number: _____

Step Parent Name (If applicable): _____

Step Parent phone number: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Emergency Contacts: Please list (3) in the order they should be contacted

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In an emergency, if unable to contact parent(s), legal guardians and emergency contacts listed above, I hereby give permission for my child to be taken to the following hospital:

Has the student ever been suspended from school? Yes ____ No ____

Has the student ever been expelled from school? Yes ____ No ____

Did the student withdraw from school before an expulsion hearing? Yes____ No _____

Did the student withdraw from school before a suspension? Yes ____ No _____

If answer is no to any question, please submit a written statement of the circumstances.

Field Trip permission: Yes ____ No _____

Photograph Permission for School Website/Social Media: Yes ____ No _____

Media Use Permission: Yes ____ No _____

Permission to participate in surveys that are administered by the school to gather data:
Yes ____ No _____

Permission for student's work and/or name to be posted on the school's web page/social media: Yes ____ No _____

Are one or both of the student's parents in the military? Indicate "Active Duty", "National Guard/Reserves", "Non-Military" or "Do not wish to answer" : _____

Parent/Legal Guardian signature: _____

Date: _____

Please list any siblings of this student who are attending school in RSU 12:

Name (Last, First)

Grade

School

Name (Last, First)

Grade

School

Name (Last, First)

Grade

School

Name (Last, First)

Grade

School

Transportation Information:

Please indicate the type of transportation your child will use to and from school:

- ☐ Bus - RSU Transportation

Address where your child will get ON the bus: _____

Address where your child will get OFF the bus: _____

- ☐ I will drop off and pick up my child from school daily

- ☐ Daycare: Days attending daycare M ____ T ____ W ____ TH ____ F ____

Name of Daycare: _____

Daycare Contact Name: _____

Daycare Contact Phone: _____

Student Service Information

Student Name: _____ Date of Birth: _____

1. Has your child ever received Special Education Services? Yes ____ No ____

When? _____

Where? _____

2. Was your child receiving Special Education Services at their last school at the time of withdrawal? Yes ____ No ____

3. Does your child have a 504 plan? Yes ____ No ____

If you answered "yes" to any of the above questions, please check all services that your child received:

- ☐ Special Education/Resource Room Services
- ☐ Speech/Articulation Therapy
- ☐ Language Therapy
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Education of the Hearing Impaired
- ☐ Counseling Services
- ☐ Other: _____

4. Was your child receiving Gifted/Talented Services at their last school at the time of withdrawal? Yes ____ No ____

5. Was your child receiving ELL (English Language Learner)/ESL (English as a Second Language) services at their last school at the time of their withdrawal? Yes ____ No ____

Parent/Guardian Signature

Date

Student Health Information

Student Name: _____ Date of Birth: _____
Grade: _____

Dear Parent/Guardian:

Please complete this health information form. This information may or may not be shared with the student's teacher(s) and administration to promote and protect the health of students but otherwise is completely confidential.

Has your child ever been diagnosed with: Describe illness including diagnosis date:

- ☐ Diabetes (Insulin/snacks, symptoms) _____
- ☐ Asthma (Medications, symptoms, triggers) _____
- ☐ Kidney/Urinary _____
- ☐ Heart Conditions _____
- ☐ Seizure Disorder _____
- ☐ Allergies _____
- ☐ ADD/ADHD _____

Does your child take medication? Yes ____ No ____

List _____

Any recent surgeries/illnesses? Yes ____ No ____

List _____

Does your child wear glasses/contacts? Yes ____ No ____

Does your child have frequent ear infections? Yes ____ No ____

Please list any other disease, health problem or handicap (such as orthopedic, heart, vision, hearing) or anything that school staff should be aware of:

Parent/Guardian Signature

Date



RSU 12 Request for Student Records

I, _____, hereby authorize _____
Parent/Guardian Name Sending School Name

_____, _____
Sending School Address Sending School City

to release records for the following student:

Student Name: _____ Grade: _____

Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____

Please forward all educational records, including Permanent Record information, Health Record information, Psychological and evaluation reports, Disciplinary Records (**see statement below), Attendance Records, and any Special Education Records to the following school:

Name: _____

Address: _____

Phone: _____ Fax: _____

To assist in determining, without delay, appropriate educational placement of the student, please fax, **in advance**, a copy of the most recent IEP (if applicable).

* Parental permission is no longer required when authorized School personnel request records.

(Family Educational Rights & Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol 41, No. 118)

** According to the provision of Act 26 dealing with "Safe Schools", schools are now entitled to the discipline history of students who are registering for school. Districts now require a sworn statement upon registration and prior to admission, stating whether the student had previously been suspended or expelled from any public or private school in any state, for an offense involving weapons, alcohol, or other drugs, the willful injury to another person, or any act of violence committed on school property. This statement is to remain part of the student's permanent record.

***Parents or guardians who intentionally submit a false statement shall be subject to conviction of a misdemeanor of the third degree.

(207) 549-3082 Fax

The following information and signed affidavit of residency are required before a student can be enrolled in RSU 12. RSU 12 reserves the right to request additional information needed to evaluate a residency request on a case-by-case basis. This form must be filled out and residency verified by the resident Town and signed by the Superintendent of RSU 12 before tuition will be paid.

***If 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 student is an emancipated minor, a certified copy of the court order must be attached.**

- In the case of a **property owner**, must show proof of residency for Westport Island, Alna, Chelsea, Whitefield, Windsor, Palermo and Somerville. .
- In the case of a **renter**, a current rental/lease agreement showing parent's name & physical address in the town of residence:

- And in the case of **divorced parents or parents living separately**, a certified divorce decree or other court document showing primary residency awarded to the parent who resides in Westport Island, Alna, Chelsea, Whitefield, Windsor, Palermo or Somerville.

All parents or guardians having any parental right concerning school age children seeking school attendance privileges for Westport Island, Alna, Chelsea, Whitefield, Windsor, Palermo or Somerville must sign this affidavit.

I understand that making a written false statement may result in civil liability and may constitute crime under Maine law. I certify that the information contained herein is true and correct, that I am the parent or guardian with legal custody of the above-named student, that I actually live with the above-named student in Westport Island, Alna, Chelsea, Whitefield, Windsor, Palermo or Somerville at the above address, that we actually live there throughout the school year, and that I am not claiming residency in any other place for any other student for the purpose of school admission or tuition for that school year. If any of the above information changes during the school year, I will bring the change to the immediate attention of the Superintendent of SVRSU #12.

I understand that if I enroll a student in SVRSU #12 illegally, enrollment will be terminated immediately, and a report may be made to the authorities. Theft of services is a crime. I further understand that I will be responsible for all expenses incurred by the Town of Westport Island, Alna, Chelsea, Whitefield, Windsor, Palermo or Somerville and SVRSU #12, should I illegally obtain educational services.

Are you divorced from child's parent? Yes ____ No ____ If never married, do you have court documents stating custody and primary residency? Yes ____ No ____

If the answer is **Yes** we will **require a copy of a certified divorce decree or other court documents showing primary residency.**

Signature of Parent(s)/Guardian(s)

Date

The above named _____ personally appeared before me and swore that all statements made herein are true and based on his/her/their personal knowledge.

Notary Public

My commission expires

Town use only: Check sources of evidence provided and **attach copies**

Provide 1 of the following from each list:

- | | |
|---|--------------------------------------|
| A. Homestead exemption ____ | A. Current Vehicle Registration ____ |
| B. Rental Agreement ____ | B. Current Voter Registration ____ |
| C. Property Deed/Mortgage papers ____ | |
| D. Current Tax bill or rent receipt ____ | |
| E. Notarized affidavit from local resident attesting registrant is living with owner at no cost. * If this document is provided, the person signing said letter must also provide two items to prove residency. | |

Please return form to: 665 Patricktown Road, Somerville, Me, for Superintendent's Approval

(Date)

(Town Office Clerk Signature)

(Date)

(Superintendent's Signature)

