



Student Registration Form

Scarborough Public Schools

Address: 259 US Rte. 1, PO Box 370, Scarborough, ME 04070-0370

Phone: (207)730-4100 Fax: (207)730-4104

Has this student ever attended
any school in Scarborough?

Yes _____ No _____

If yes, what year _____

Student is registering to attend school at: ☐ K-2 ☐ 3-5 ☐ 6-8 ☐ 9-12

Student Information

Legal Last Name _____ Legal First Name _____ Legal Middle Initial _____

Preferred Name (if applicable) _____

Legal Street Address _____ Town _____ Zip _____

Mailing Address (if different) _____ Town _____ Zip _____

Date of Birth (MM/DD/YYYY) _____ Place of Birth (City, State) _____

Legal Gender: ☐ Male ☐ Female Identifies as (if applicable): ☐ Male ☐ Female ☐ Nonbinary

Language(s) spoken at home _____ Is the student Hispanic or Latino? ☐ Yes ☐ No

Race (select all that apply): ☐ White ☐ Black or African-American ☐ American Indian or Alaska Native

☐ Asian ☐ Native Hawaiian/Other Pacific Islander

Are you being relocated due to military commitments? ☐ Yes ☐ No

Parent/Guardian Information

Last Name _____ First Name _____ Middle Initial _____

Relationship to Student _____ Employer _____

Select all that apply: ☐ Has legal custody ☐ Lives with student ☐ May pick up student ☐ May receive mailings

Legal Street Address _____ Town _____ Zip _____

Mailing Address (if different) _____ Town _____ Zip _____

First Phone _____ Type: ☐ Home ☐ Mobile ☐ Work

Second Phone (if applicable) _____ Type: ☐ Home ☐ Mobile ☐ Work

Email Address _____

Parent/Guardian Information

Last Name _____ First Name _____ Middle Initial _____

Relationship to Student _____ Employer _____

Select all that apply: ☐ Has legal custody ☐ Lives with student ☐ May pick up student ☐ May receive mailings

Legal Street Address _____ Town _____ Zip _____

Mailing Address (if different) _____ Town _____ Zip _____

First Phone _____ Type: ☐ Home ☐ Mobile ☐ Work

Second Phone (if applicable) _____ Type: ☐ Home ☐ Mobile ☐ Work

Email Address _____

Secondary Household Information (if different than information given on Page 1)

Parent/Guardian Name _____

Legal Street Address _____ Town _____ Zip _____

Mailing Address (if different) _____ Town _____ Zip _____

Previous Education Information

Name of Previous School _____ Last Grade Attended _____

Street Address _____ Town _____ Zip _____

Has the student ever received any of the following services? ☐ Special Education ☐ ESL ☐ 504 ☐ G&T**Emergency Contact Information**

If parents/guardians are unavailable during the school day, who should be contacted?

*Please choose local contacts. These contacts are in addition to parents/guardians.***First Emergency Contact**

Last Name _____ First Name _____

Relationship to Student _____

First Phone _____ Type: ☐ Home ☐ Mobile ☐ WorkSecond Phone (if applicable) _____ Type: ☐ Home ☐ Mobile ☐ Work

Email Address _____

Second Emergency Contact

Last Name _____ First Name _____

Relationship to Student _____

First Phone _____ Type: ☐ Home ☐ Mobile ☐ WorkSecond Phone (if applicable) _____ Type: ☐ Home ☐ Mobile ☐ Work

Email Address _____

Third Emergency Contact

Last Name _____ First Name _____

Relationship to Student _____

First Phone _____ Type: ☐ Home ☐ Mobile ☐ WorkSecond Phone (if applicable) _____ Type: ☐ Home ☐ Mobile ☐ Work

Email Address _____

Medical Information

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

Allergies _____

Medications _____

Medical Considerations _____

Does student need an epipen or inhaler? ☐ Yes ☐ No☐ I understand and agree that the above information may be shared with appropriate school personnel.

Parent/Guardian Signature _____ Date _____

School Use Only: ☐ Proof of Residency **School:** ☐ BP ☐ EC ☐ PH ☐ WS ☐ MS ☐ HS

Homeroom Teacher _____ Grade _____

SCHOOL COMMUNICATIONS

SwiftK12 for Parents/Guardians

Student Name _____

Emergency communications will be sent via all available methods.

Notices from SwiftK12 include school cancellations and other district or school announcements.

Please write legibly.

Multiple phone numbers and email addresses are optional, not required.

Make sure email addresses are accurate, including any hyphens or underlines.

Text messaging is available for three (3) phone numbers.

Any changes during the school year should be reported to your student's school guidance secretary.

Part I Applies to ALL students

List phone numbers & email addresses.

For students with multiple households, please include all numbers/emails as appropriate.

Phone #1 _____

Phone #2 _____

Phone #3 _____

Phone #4 _____

Phone #5 _____

Text Message #1 _____

Text Message #2 _____

Text Message #3 _____

Email #1 _____

Email #2 _____

Email #3 _____

Email #4 _____

Email #5 _____

Part II Applies to students in Grades 6 through 12

MS and HS may opt to receive the PowerSchool Bulletin.

HS may also opt to receive grade email reports.

Note: these addresses may be the same as above, but should also be listed here

Email #1 _____

Email #2 _____

Email #3 _____

Email #4 _____

Email #5 _____

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**Scarborough Public Schools
Residency Affidavit***

I, _____, declare that I physically reside at:
(Parent/ Guardian)

Street Address – (No Post Office Box): _____

City, State, Zip: _____

Home phone # _____ Cell phone # _____

I also declare that I am in compliance with the State of Maine laws requiring students to attend public school in the district in which they live with their parents or legal guardians, and that I have no other legal residence other than that listed on this affidavit. In order to affirm my residence in the Scarborough School district, I have presented the following documents with my address to school officials (Indicate all that apply. **A minimum of two are required to register:**)

_____ Current Vehicle Registration

_____ Purchase/Lease Agreement

_____ Past Month's Utility Invoice

I declare that these documents are true and accurate and, further, I am aware that the deliberate, intentional falsification of information for school attendance purposes is unlawful. I further understand that if statements made on this affidavit change, I must immediately notify the building principal of the Scarborough school(s) attended by my child(ren).

I am aware that if a student is found to have established residency in Scarborough by providing false or inaccurate information, the student's enrollment will terminate immediately. Further, the parents/guardian may be held liable for all costs incurred while the student was enrolled in the Scarborough School Department.

For secondary school students, I am aware that the guidelines of the Maine Principals' Association prohibit students from participation in interscholastic competition for a school other than that which he/she legally attends. To falsify residency and to participate interscholastically would result in further penalties to the student, even if at some point following the violation he/she were to legally reside in Scarborough.

Print Name: _____
(Parent/Guardian)

(Child's Name)

Signature: _____
(Parent/Guardian)

(Child's Name)

(Child's Name)

NOTARIZED ON _____
(Date)

NOTARY SIGNATURE _____

Staff Signature: _____ Date Received: _____

Staff Name (Printed) and Title: _____

***This form MUST be notarized by Scarborough School personnel ONLY.**



Scarborough Public Schools Health Services
P.O. Box 370
Scarborough, ME 04070-0370
Phone: (207) 730-4100
Fax: (207) 730-4104

MEDICAL AND HEALTH INFORMATION

| | | | |
|--|--|------------------------------|--|
| Student Name | | Date of Birth | |
| Address | | Home Phone | |
| Parent/Guardian | | Day Phone | |
| Parent/Guardian | | Day Phone | |
| Physician | | Physician's Phone | |
| Emergency Contact other than Parent/Guardian | | Emergency Contact's Phone | |

DOES YOUR CHILD HAVE OR EVER HAD THE FOLLOWING HEALTH CONDITIONS/CONCERNS?

| CHECK ALL THAT APPLY | Date <input checked="" type="checkbox"/> | CHECK ALL THAT APPLY | Date <input checked="" type="checkbox"/> | CHECK ALL THAT APPLY | <input checked="" type="checkbox"/> | CHECK ALL THAT APPLY | <input checked="" type="checkbox"/> |
|----------------------|---|---------------------------|---|-----------------------------|-------------------------------------|-----------------------------|-------------------------------------|
| Chicken Pox | | Mononucleosis | | Constipation | | Nightmares | |
| Measles | | Pneumonia | | Diarrhea | | Disrupted Sleep | |
| Mumps | | Blood Disorder | | Vomiting | | Incontinence | |
| Rubella | | Head Injury Concussion | | Stomachaches Indigestion | | Developmental Disability | |
| Meningitis | | Asthma | | Nosebleeds | | Anxiety | |
| Rheumatic Fever | | Seizures or Epilepsy | | Frequent Ear Infections | | Hyperactivity | |
| Scarlet Fever | | Cancer | | Frequent Fevers | | Difficulty Focusing | |
| Strep Throat | | Cardiac/Heart Issue | | Frequent Headaches | | Medical issues at birth | |
| Tonsillitis | | Diabetes | | Sinus Issues | | Other: | |

ADDITIONAL INFORMATION ☒: _____

| HOSPITALIZATIONS DESCRIBE MEDICAL PROBLEM | Date <input checked="" type="checkbox"/> | SURGERIES | Date <input checked="" type="checkbox"/> | OTHER SURGERIES | Date <input checked="" type="checkbox"/> |
|--|---|---------------|---|-----------------|---|
| | | Tonsillectomy | | | |
| | | Tubes in Ears | | | |
| | | Appendectomy | | | |
| | | Hernia repair | | | |



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DOES YOUR CHILD REQUIRE THE FOLLOWING?

| CHECK ALL THAT APPLY | <input checked="" type="checkbox"/> | CHECK ALL THAT APPLY | <input checked="" type="checkbox"/> | CHECK ALL THAT APPLY | <input checked="" type="checkbox"/> | CHECK ALL THAT APPLY | <input checked="" type="checkbox"/> |
|---------------------------|-------------------------------------|----------------------|-------------------------------------|-------------------------------|-------------------------------------|----------------------|-------------------------------------|
| Contact Lenses | | Glasses | | Crutches | | Dental Braces | |
| Hearing Aid | | Wheelchair | | Prosthetic Device | | Dental Plate/Bridge | |
| Assistive Learning Device | | Communication Device | | Orthopedic Brace Orthotics | | Other: | |

DOES YOUR CHILD HAVE ALLERGIES?

| CHECK ALL THAT APPLY | <input checked="" type="checkbox"/> | LIST ALL ALLERGIES | TREATMENT | REQUIRES EPIPEN <input checked="" type="checkbox"/> |
|----------------------|-------------------------------------|--------------------|-----------|---|
| Food | | | | |
| Medication | | | | |
| Insects | | | | |
| Environmental | | | | |

| PLEASE ANSWER THE FOLLOWING QUESTIONS: | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|---|---|--|
| Has your child had any injuries requiring medical attention within the past year? | | |
| Explain if yes: | | |
| Has your child had any illness lasting more than one week within the past year? | | |
| Explain if yes: | | |
| Does your child have any medical problems that the school should be aware of? | | |
| Explain if yes: | | |
| Does your child have any restrictions when participating in physical activities or school activities? | | |
| Explain if yes: | | |
| Does your child take any prescription or nonprescription medications daily or frequently? | | |
| List all medications if yes (include vitamins and supplements): | | |
| Do you consider your child's health to be: Excellent _____ Good _____ Fair _____ | ----- | ----- |
| ADDITIONAL INFORMATION: | ----- | ----- |

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____



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High School Clinic Fax: 730-5196
Middle School Clinic Fax: 730-4834
Wentworth School Clinic Fax: 730-4797
Eight Corners School Fax: 730-5229
Pleasant Hill School Fax: 730-5251
Blue Point School Fax: 730-5331

PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION

| | | | |
|--------------|--|-----------------------|--|
| STUDENT NAME | | DATE OF PHYSICAL EXAM | |
|--------------|--|-----------------------|--|

| | | | | | |
|------------------|----|--------|-------------------|----------------|----|
| D.O.B. | | HEIGHT | | HEART RATE | |
| AGE | | WEIGHT | | BLOOD PRESSURE | |
| VISION SCREENING | R: | L: | HEARING SCREENING | R: | L: |

| | NORMAL | ABNORMAL | DESCRIBE ABNORMAL FINDINGS |
|----------------------|--------|----------|----------------------------|
| SKIN | | | |
| HEAD/FACE/NECK/SCALP | | | |
| EYES/EARS/NOSE | | | |
| MOUTH/TEETH/THROAT | | | |
| NECK/THYROID | | | |
| LYMPH NODES | | | |
| RESPIRATORY | | | |
| CARDIOVASCULAR | | | |
| ABDOMEN | | | |
| LIVER | | | |
| SPLEEN | | | |
| MUSCULOSKELETAL | | | |
| NEUROLOGICAL | | | |
| GENITOURINARY | | | |
| OTHER: | | | |

IMMUNIZATIONS GIVEN TODAY: _____

VARICELLA: Date of disease: _____

| PHYSICAL ACTIVITY | UNRESTRICTED | RESTRICTED | PLEASE SPECIFY ALL RESTRICTIONS |
|--------------------|--------------|------------|---------------------------------|
| PHYSICAL EDUCATION | | | |
| SCHOOL SPORTS | | | |

| | | | |
|--------------------------|--|-------------------|--|
| PHYSICIAN NAME (PRINTED) | | PHYSICIAN'S PHONE | |
| PHYSICIAN SIGNATURE | | DATE | |

PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS OR FAX LISTED ABOVE



Scarborough Public Schools Health Services
P.O. Box 370
Scarborough, ME 04070-0370
Phone: (207) 730-4100
Fax: (207) 730-4104

IMMUNIZATIONS

All students who enroll in Scarborough Public Schools are required by law to present a certificate of immunization or evidence of immunization or immunity against poliomyelitis; diphtheria, pertussis (whooping cough), tetanus; measles, mumps, rubella; and varicella (chicken pox). Students entering grades 7 and 12 must also receive the quadrivalent meningococcal conjugate vaccine (MCV4).

Immunization Requirements:

- **5 DTaP (Diphtheria/Tetanus/Pertussis): Five doses.** If the fourth dose was administered on or after the fourth birthday, only four doses are required.
 - **4 IPV/OPV (Polio): Four doses.** If the third dose was administered on or after the fourth birthday, only three doses are required.
 - **2 MMR (Measles/Mumps/Rubella): Two doses.**
 - **2 Varicella (Chickenpox): Two doses of varicella vaccine or reliable history of disease.**
 - If a child has had chickenpox, the vaccine is not required, but written physician confirmation that the child has had the disease must be provided. A blood test to confirm immunity is also acceptable.
 - **1 Tdap (Tetanus/Diphtheria/Pertussis): One dose of Tdap vaccine is required for students entering 7th grade.**
 - **2 MCV4 (Meningococcal Conjugate Vaccine): One dose of MCV4 is required for students entering 7th grade. Two doses of MCV4 are required for students entering 12th grade.** If the first dose of MCV4 was administered on or after the 16th birthday, a second dose is not required.
-
- *Vaccine requirements may differ slightly for those who are following a catch-up schedule. Please contact the school nurse with questions.*
 - *Some exceptions to immunization requirements may apply.*
 - *Medical exemptions are allowed.*
 - *A 90-day waiver may apply if a parent/guardian provides written assurance that the student will be immunized within 90 days of enrolling in school or the student's first attendance in classes, whichever date is earlier. This option is available as a one-time provision.*
 - *Starting on 09/01/2021, religious and philosophical exemptions will no longer be an option as an exception to immunization requirements. There is an exception for those students with an Individualized Education Plan and either a philosophical or religious exemption that is in place prior to September 1, 2021.*
 - *Please contact the school nurse if your student requires a medical exemption, 90-day waiver, or an exemption as specified above.*



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90-DAY WAIVER FOR REQUIRED IMMUNIZATIONS

Student Name _____ Date of Birth _____

In accordance with Maine School Immunization Law (20-A MRSA 6352-6359), all students who enroll in Scarborough Public Schools are required by Maine law to present a certificate of immunization or evidence of immunization or immunity against poliomyelitis; diphtheria, pertussis (whooping cough), tetanus; measles, mumps, rubella; and varicella (chickenpox). Students entering grades 7 and 12 must also receive the quadrivalent meningococcal conjugate vaccine (MCV4).

A student who does not meet the immunization/immunity requirement may be enrolled in school and attend school or school activities if the parent/guardian provides the school with written assurance that the student will be immunized by private effort within ninety days of enrolling in school or first attendance in classes, whichever date is earlier. This option is available as a one-time provision.

I have elected to use this one time 90-day waiver for required immunizations for this student.

☐ **My student is entering kindergarten and has not yet received all of the required vaccinations for school entry. I will provide the completed immunization record as soon as my student receives the vaccines and/or within 90 days of my student's first attendance in school.**

☐ **My student has enrolled in Scarborough Public Schools. I will provide the completed immunization record within 90 days of my student's enrollment or first attendance in school.**

I understand that I must provide the completed immunization record within 90 days of my student's enrollment or first attendance in school.

I understand that in the case of an outbreak of a specific disease, for which my student is not protected, my student may be kept out of school and school activities as advised by the Maine Center for Disease Control and Prevention. The length of time my student will be kept out may vary depending on the disease and the length of the outbreak. Arrangements will be made for students who are kept out of school to receive and complete school assignments if possible, and to make up missed examinations and other work within a reasonable time upon their return to school.

PLEASE ENTER THE DATE THAT YOUR STUDENT WILL FIRST ATTEND SCHOOL

| | | | |
|--|------------------|--------------------------------|-------------|
| | | | |
| Printed Name of Parent/Guardian | Signature | Relationship to Student | Date |

| | | |
|--|--|--|
| High School Clinic Phone: 730-5016 Clinic Fax: 730-5196 | Middle School Clinic Phone: 730-4810 Clinic Fax: 730-4834 | Wentworth Clinic Phone: 730-4610 Clinic Fax: 730-4797 |
| Blue Point Clinic Phone: 730-5332 Fax: 730-5331 | Eight Corners Clinic Phone: 730-5227 Fax: 730-5229 | Pleasant Hill Clinic Phone: 730-5286 Fax: 730-5251 |

Scarborough Primary Schools

BUS INFORMATION

Student Name: _____ Teacher: _____

Home Address: _____

Parent's Names: _____ Day Phone: _____

Daycare Name & Contact Info: _____

Sitter Name & Contact Info: _____

Where Will Your Child Go After School? Home, Scarborough After Care (Community Services), Daycare/Sitter, Pick Up at School or Other (Please provide daycare/sitter name and street address)

| | Home on Bus (list Bus #) | After Care (Community Services) | Daycare on Bus (list Bus #) | Pick Up by Who/ Other |
|-----------|---|--|--|--------------------------------------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |

Any other information we should know about your child's school dismissal plans:

Transportation Department Use Only

School: _____ School Year: _____

Bus Number: _____ Home Bus P/U: _____ Home Bus D/O: _____

Day Care P/U: _____ Day Care D/O: _____

SCARBOROUGH PUBLIC SCHOOLS
REQUEST FOR STUDENT RECORDS

Date: _____

School Last Attended: _____

Address: _____

Phone/FAX: _____

This is to certify that I, _____ the
parent/legal guardian of the child/children listed below do hereby request that the educational,
health, confidential and Individual Education Plan records to transferred to the address below:

Please select: (Primary K-2, Intermediate 3 - 5, Middle 6 - 8, High 9 - 12)

☐ Blue Point School (Primary)
174 Pine Point Road
Scarborough, ME 04074
Phone: (207) 730-5300
Fax: (207) 730-5331

☐ Eight Corners School (Primary)
22 Mussey Road
Scarborough, ME 04074
Phone: (207) 730-5200
Fax: (207) 730-5229

☐ Pleasant Hill School (Primary)
143 Highland Avenue
Scarborough, ME 04074
Phone: (207) 730-5250
Fax: (207) 730-5251

☐ Wentworth School
20 Quentin Drive
Scarborough, ME 04074
Phone: (207) 730-4600
Fax: (207) 730-4607

☐ Scarborough Middle School
21 Quentin Drive
Scarborough, ME 04074
Phone: (207) 730-4800
Fax: (207) 396-4504

☐ Scarborough High School
11 Municipal Drive
Scarborough, ME 04074
Phone: (207) 730-5000 (Main Office)
Phone: (207) 730-5020 (Guidance)
Fax: (207) 730-5019 (Guidance)

Parent/legal guardian privileges and obligations under the Family Educational Rights and
Privacy Act are:

- 1) Notification of the transfer.
- 2) Right to review the records.
- 3) If desired, a copy of records may be obtained with cost of copying by parent/legal guardian.
- 4) An opportunity for a hearing to challenge the content of the records will be provided if requested.

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

Signature of Parent/Legal Guardian

Child/Children

Grade

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

form updated February 2020

Scarborough Schools

Dear Parent/Guardian:

Scarborough Public Schools, High School, Middle School, Wentworth, Blue Point, Eight Corners and Pleasant Hill, offers healthy meals every school day. Students may order lunch and breakfast no cost (zero) for school year 2021-2022.

This is as important of a time as ever to complete a free meal application. Applying not only has benefits to your family, but also helps our program qualify for a number of different programs that benefit the students and the community. If you are experiencing changes in your finances or have any uncertainty about providing food for your children, please take a few minutes to fill out an online application at <https://sites.google.com/a/scarboroughschools.org/sps/>.

To apply, complete the enclosed *SY 2022 Free and Reduced-Price School Meal Household Application*. A new application must be submitted each school year.

Meals must meet nutrition standards established by the U.S. Department of Agriculture. If a child has a disability, as determined by a licensed medical authority, and the disability prevents the child from eating the regular school meal, substitutions may be made as prescribed by a licensed medical authority. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution, unless it meets the definition of disability and supported by a complete medical statement form signed by the local medical authority. Please call the school nutrition program for further information.

You may return your completed Application to: Brenda Franklin - Wentworth School - 20 Quentin Drive – Scarborough, Maine 04074

Who can get free or reduced-price school meals? Children in households receiving SNAP, TANF or, FDPIR benefits, and foster, homeless, and migrant children are eligible for free meals without reporting household income. Alternatively, children may receive free or reduced-price meals if their household's income is within the limits on the Federal Income Eligibility Guidelines.

Will information on my application be kept confidential? We will use the information on your form to decide if your child is eligible for free or reduced-price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

How do I know if my children qualify as homeless, migrant, or runaway? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Chris Rohde crohde@scarboroughschools.org

Do I need to fill out an application for each child? No. Use one application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

Should I fill out an application if I received a letter this school year saying my children are already approved for free meals? No, but please read the letter you got carefully and follow the instructions.

My child's application was approved last year. Do I need to fill out a new one? Yes. A new application must be submitted each school year unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

Will the form be verified? Your eligibility may be checked at any time during the school year. School officials may ask you to send written evidence.

Can I apply for free and reduced-price meals later? Yes. Please complete an application at any time including if your income decreases, household size increases, or you start getting SNAP, TANF or benefits from FDPIR.

What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to: Superintendent Geoffrey Bruno – PO Box 370 – Scarborough, Maine 04070

May I apply if someone in my household is not A U.S. citizen? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

What if my income is not always the same? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

What if some household members have no income to report? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

We are in the military. Do we report our income differently? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

What if there isn't enough space on the application for my family? List any additional household members on a separate piece of paper and attach it to your application.

My family needs more help. Are there other programs we might apply for? For information about Food Supplement, Health Care, Cash Assistance and/or apply for Maine's Child Care Subsidy, go to [My Maine Connection](https://www1.maine.gov/benefits/account/login.html) found online at <https://www1.maine.gov/benefits/account/login.html>. For low cost health insurance information, contact Consumers for Affordable Health Care (CAHC) at 1-800-965-7476.

If you have other questions or need help, call **Brenda franklin 207-730-4700**

Sincerely,
Peter Esposito

| School Year 2022 Income Guidelines For Reduced Price Meals | |
|---|---------|
| REDUCED | |
| INCOME GUIDELINES | |
| Household Size | Monthly |
| 1 | 1,986 |
| 2 | 2,686 |
| 3 | 3,386 |
| 4 | 4,086 |
| 5 | 4,786 |
| 6 | 5,486 |
| 7 | 6,186 |
| 8 | 6,886 |
| For each additional family member add: | 700 |

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint_filing_cust.html](https://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

SY 2022 FREE AND REDUCED-PRICE SCHOOL MEAL HOUSEHOLD APPLICATION

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at:

<https://sites.google.com/a/scarboroughschools.org/sps/central-office/nutrition-program/free-reduced-meals>

Step 1: STUDENT INFORMATION: List all students living in the household

| | | | | |
|--------------------------|---------------------------|---------------|---------------------------------------|---|
| _____ | _____ | _____ | Foster Child <input type="checkbox"/> | Homeless/Migrant <input type="checkbox"/> |
| Student Last Name | Student First Name | School | | |
| _____ | _____ | _____ | Foster Child <input type="checkbox"/> | Homeless/Migrant <input type="checkbox"/> |
| Student Last Name | Student First Name | School | | |
| _____ | _____ | _____ | Foster Child <input type="checkbox"/> | Homeless/Migrant <input type="checkbox"/> |
| Student Last Name | Student First Name | School | | |
| _____ | _____ | _____ | Foster Child <input type="checkbox"/> | Homeless/Migrant <input type="checkbox"/> |
| Student Last Name | Student First Name | School | | |

Step 2: BENEFITS Do any members of your household (including you) receive SNAP, TANF or FDPIR assistance? ☐ Y / ☐ N

If no > complete Step 3. If yes > provide the case number and name of the person receiving these benefits. Do not complete step 3.

Name: _____

SNAP or TANF Number Letter

Step 3: INCOME List all Household Members. Include yourself & students listed above. List gross income for each person.

| Names | Gross Income (before deductions) | | | | | | | | | | | | | | |
|------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Household Member | Earnings from Work before deductions | Weekly | Every 2 weeks | 2 times/month | Monthly | Welfare, Child Support, Alimony received | Weekly | Every 2 weeks | 2 times/month | Monthly | Pensions, Retirement, Social Security & All Other Income | Weekly | Every 2 weeks | 2 times/month | Monthly |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Step 4: Required - Adult signature and last four digits of social security number

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ ☐ I do not have a Social Security Number

Printed Name: _____ Phone: _____ Email: _____

Address: _____ Date: _____

*** FOR SCHOOL USE ONLY ***

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: _____ Household Size: _____ Free _____ Reduced _____ Denied _____ Categorically eligible free: _____
Determining Official's Signature: _____ Date: _____
For Verification purposes only - Confirming Official's Signature: _____ Date: _____

Step 5: Optional CHILDREN'S ETHNIC and RACIAL IDENTITIES You are **not required** to answer this question.

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other

NOTIFICATION OF ELIGIBILITY

DATE:

Dear Parent/Guardian:

Your application for free or reduced price meals for your child(ren) has been:

- ☐ Approved for applicable programs listed below (check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Free Lunches | <input type="checkbox"/> Reduced price lunches at \$_____ per meal |
| <input type="checkbox"/> Free Breakfasts | <input type="checkbox"/> Reduced price breakfast at \$_____ per meal |
| <input type="checkbox"/> Free After School Snacks | <input type="checkbox"/> Reduced price After School Snacks at \$_____ per snack |
| <input type="checkbox"/> Free Milk for K and Pre-K, if meals are unavailable to them | |
- ☐ Denied because:
- | | |
|---|---|
| <input type="checkbox"/> Household income is over the amount allowable. | <input type="checkbox"/> The application is missing_____. |
|---|---|
- ☐ Other_____.

You may appeal this decision by contacting the Hearing Official, _____ at (phone/email of Hearing Official) _____.

Sincerely,

Approving Officer

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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- (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
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Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a

Maine Military Family Indicator

The information provided on this form is reported for the Military Interstate Compact and Every Student Succeeds Act. No personally identifiable information on this form is provided to the federal government. Please complete one form per school where your children attend:

Student Name(s):

Parent Name:

| Please check only one | Description | Definition |
|-----------------------|--|---|
| | Active Duty in the United States <ul style="list-style-type: none"> • Army • Navy • Air Force • Marines • US Coast Guard | <ul style="list-style-type: none"> • Student is a dependent of a member in <ul style="list-style-type: none"> ○ full-time duty in the active military service of the United States, including <ul style="list-style-type: none"> ▪ fulltime training duty ▪ annual training duty ▪ attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. |
| | Full Time National Guard | <ul style="list-style-type: none"> • Student is a dependent of a member in training or other duty (other than inactive duty) <ul style="list-style-type: none"> ○ performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 ○ for which the member is entitled to pay from the United States or for which the member has waived pay from the United States. |
| | Part-time National Guard or Reserve | <ul style="list-style-type: none"> • Student is a dependent of a member of: <ul style="list-style-type: none"> ○ the National Guard (not Full-time duty) ○ Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) |
| | Not currently Military Connected | <ul style="list-style-type: none"> • Student is not a dependent of a member of one of the above. |

Notes: If at least one parent serves in **active** uniformed service of the United States, check Active Duty. If more than one parent is currently in the military, use the status of the parent with the most military involvement.

