Scarborough Public Schools

www.scarboroughschools.org

Kindergarten Registration Checklist

☐ **Pre-Register** your child at: https://www.scarboroughschools.org/ . Under **Parents & Family** choose **Student Registration - 2022-23 Pre-Registration Form** and complete the survey.

☐ ***Registration Appointment Day:** Bring all *completed* paperwork, original birth certificate, proof of Residency (2 forms) along with your child's most recent immunization records. You do **NOT** need to bring your child.

Paperwork Required to Register:

- ☐ Completed Student Registration Forms
- ☐ Original Birth Certificate
- ☐ **Unsigned** Residency Affidavit along with 2 forms to verify residency
- ☐ Preschool Info Permission Form
- ☐ Health Services Medical and Health Information Form (filled out by parent)
- ☐ Health Services Physician's Report *and* Immunization Record
- ☐ Bus Information
- ☐ Language Use Survey

***If you would prefer to mail your registration packet, please send it to your school at the following addresses. We will get in touch with you to set up an appointment to photocopy the birth certificate and notarize the residency affidavit.**

Blue Point School
Attn: Hallie Thomas
PO Box 370
Scarborough, ME 04070

Eight Corners School
Attn: Maureen Kirsch
Po Box 370
Scarborough, ME 04070

Pleasant Hill School
Attn: Laurie Olore
PO Box 370
Scarborough, ME 04070

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 ☐ Work

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

Email Address _____

Second Emergency Contact

Last Name _____ First Name _____

Relationship to Student _____

First Phone _____ Type: ☐ Home ☐ Mobile ☐ Work

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

Email Address _____

Third Emergency Contact

Last Name _____ First Name _____

Relationship to Student _____

First Phone _____ Type: ☐ Home ☐ Mobile ☐ Work

Second 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 _____

THIS PAGE INTENTIONALLY LEFT BLANK

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 (**Please wait to sign in front of *Notary**) (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.**

4/30/2021

Scarborough Public Schools

Kindergarten Students
Preschool Information Permission Form

Welcome to Kindergarten in Scarborough Schools! In order to gather valuable, meaningful, and personalized information about your child, we request your permission to make contact with his/her preschool teacher. This will include information about your child's academic and social-emotional abilities and needs.

Please complete the information below.

Thank you so much!

I grant my permission to have staff from the Scarborough K2 Schools to receive information from the preschool listed below.

Child's Name:_____

Preschool/ Day Care Information:

Name:_____

Email:_____

Address:_____

Phone:_____

Teacher's Name/Contact:_____

Parent Name:_____

Signature:_____Date:_____

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

Dear Parents/Guardians of Incoming Kindergarten Students,

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 (chicken pox). Students entering grades 7 and 12 must also receive the quadrivalent meningococcal conjugate vaccine (MCV4).

IMMUNIZATION REQUIREMENTS FOR CHILDREN ENTERING KINDERGARTEN:

- **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.**

http://www.mainelegislature.org/legis/statutes/20-a/title20-Asec6352.html

A student who has not yet reached the appropriate age to receive all doses of the required vaccines for school entry may attend school/school activities if the parent/guardian provides the school with written assurance (90-day waiver) that the student will be immunized by private effort within ninety days of enrolling in school or first attendance in classes. This option is available as a one-time provision. If immunizations are medically inadvisable, a student may attend school/school activities if the parent/guardian provides the school with a physician's written statement (medical exemption) that immunizations are medically inadvisable. Should there be an outbreak of any communicable disease for which a student has no documented proof of immunity, the student may be kept out of school and school activities as advised by the Maine Center for Disease Control and Prevention. **Please contact a member of the Health Services Staff if your student requires a 90-day waiver or a medical exemption.**

PLEASE PROVIDE THE SCHOOL WITH A COPY OF YOUR STUDENT'S COMPLETE IMMUNIZATION RECORD WHEN REGISTERING FOR KINDERGARTEN. Please also provide a copy of your student's updated immunization record whenever they receive additional vaccines.

Maine State Law does not permit school attendance until all required documentation is on file.
This documentation may be included and returned with your completed registration packet or sent via mail, email, or fax.

Scarborough Public Schools Health Services P. O. Box 370 Scarborough, ME 04070-0370	Central Office Phone: 730-4100 Central Office Fax: 730-4104	
Blue Point Phone: 730-5300 Clinic Phone: 730-5332 Fax: 730-5331 Laurie Hibbard, RN lhibbard@scarboroughschools.org	Eight Corners Phone: 730-5200 Clinic Phone: 730-5227 Fax: 730-5229 Heidi Igneri, RN higneri@scarboroughschool.org	Pleasant Hill Phone: 730-5250 Clinic Phone: 730-5286 Fax: 730-5251 Dorice Groshon, RN dgroshon@scarboroughschools.org

Thank you for your prompt attention to this matter. Please contact Health Services with questions or concerns.

Health Services Staff

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.*

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

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

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

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 ☑	**CHECK ALL THAT APPLY**	Date ☑	**CHECK ALL THAT APPLY**	☑	**CHECK ALL THAT APPLY**	☑
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 ☑	**SURGERIES**	Date ☑	**OTHER SURGERIES**	Date ☑
		Tonsillectomy			
		Tubes in Ears			
		Appendectomy			
		Hernia repair			

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

DOES YOUR CHILD REQUIRE THE FOLLOWING?

CHECK ALL THAT APPLY	☑	CHECK ALL THAT APPLY	☑	CHECK ALL THAT APPLY	☑	CHECK ALL THAT APPLY	☑
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	☑	LIST ALL ALLERGIES	TREATMENT	REQUIRES EPIPEN ☑
Food				
Medication				
Insects				
Environmental				

PLEASE ANSWER THE FOLLOWING QUESTIONS:	YES ☑	NO ☑
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 _____

Scarborough Primary Schools
TRANSPORTATION INFORMATION

Student Name:_____Teacher:_____
Home Address:_____
Parent's Names:_____Day Phone:_____

Daycare Name & Contact Info:_____

Sitter Name & Contact Info:_____

How will your child get to school? 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)

	AM Drop Off By Who	PM Pick Up by Who	Before Care (Community Services)	After Care (Community Services)	Daycare on Bus (list Bus #)	AM Arrive on Bus #	PM Home on Bus #
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:_____

4/30/2021

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) 530-1807. 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

Matthew Flaherty
Matthew.Flaherty@maine.gov
(207) 530-1807

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 student'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,

Nancy Mullins
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 those who interact with your child **frequently** (daily or at least several times per week) use with your child?

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 one or both of the questions below is answered affirmatively by a teacher. 1. Have you observed the student use a language other than English? _____ 2. Has the student indicated to you that he/she uses a language other than English? _____ Teacher Signature: _____ Date: _____

PLACE THE ORIGINAL OF THIS COMPLETED DOCUMENT IN THE STUDENT'S PERMANENT RECORD FOLDER

Scarborough School Nutrition Program

Dear Parent/Guardian:

School meals will be available to students at no charge this year, regardless of household income. However, we ask that families still complete a Meal Benefit Application as this provides data for key funding for academic resources and may also connect your family to additional benefits. To apply, complete the enclosed *SY 2023 Household Application for Free and Reduced-Price School Meals* and return to: School Nutrition Office 20 Quentin Drive Scarborough Maine 04074 ATT: Brenda Franklin
If you prefer, you may complete the application online at https://mealapp.lunchtimesoftware.net/. A new application must be submitted each school year.

Our school offers healthy meals every school day. Meals 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.

Who can get free or reduced-price school meals? Any student enrolled in a Maine public school can get school meals at no charge!

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 email the school Nutrition Office. pesposito@scarboroughschools.org or bfranklin@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.

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 complete the Meal Benefit Application later? Yes, but we request that the application is completed by [date], so that our offices can submit family income data and apply to receive grants and academic funding.

Should I complete the application 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? One main reason we are emphasizing the importance of the Meal Benefit Application is because it may connect you to other benefits—such as Pandemic EBT funds. For information about Food Supplement, Health Care, Cash Assistance and/or apply for Maine's Child Care Subsidy, go to My Maine Connection 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 **207-730-4700**.

School Year 2023 Income Guidelines For Reduced Price Meals

REDUCED INCOME GUIDELINES	
Household Size	Monthly
1	2,096
2	2,823
3	3,551
4	4,279
5	5,006
6	5,734
7	6,462
8	7,189
For each additional family member add:	728

Sincerely,

Peter Esposito

Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

(2) fax: (833) 256-1665 or (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.

(Federal Statement Revised 5/2022)

SY 2023 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS

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://mealapp.lunchtimesoftware.net/

STEP 1: STUDENT INFORMATION: List all students that live in the household

Student Last Name	**Student First Name**	**School**	**Foster Child** ☐	**Homeless/Migrant** ☐
Student Last Name	**Student First Name**	**School**	**Foster Child** ☐	**Homeless/Migrant** ☐
Student Last Name	**Student First Name**	**School**	**Foster Child** ☐	**Homeless/Migrant** ☐
Student Last Name	**Student First Name**	**School**	**Foster Child** ☐	**Homeless/Migrant** ☐

STEP 2: ASSISTANCE PROGRAMS: Do any members of the household (including you) currently participate in SNAP, TANF or FDPIR assistance? If NO, go to STEP3. If YES, write the case number and name of the person receiving these benefits. Do not complete STEP 3. Name: ______________________ _ _ _ _ _ _ _ _ _ ☐

SNAP or TANF Number **Letter**

STEP 3: HOUSEHOLD INCOME: List all Household Members including yourself & students listed above and gross income for each person listed.

Names	**Gross Income (before deductions)**														
Household Member (include students listed above)	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
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
TOTAL HOUSEHOLD SIZE:															

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER *(required)*

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: ____________

Verification - 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)
- ❑ Free Lunches
- ❑ Free Breakfasts
- ❑ Free After School Snacks
- ❑ Reduced price lunches at $_____ per meal
- ❑ Reduced price breakfast at $_____ per meal
- ❑ Reduced price After School Snacks at $_____ per snack

❑ Denied because:
- ❑ Household income is over the amount allowable.
- ❑ The application is missing _____.

❑ Other _____.

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

Sincerely,
[Signature of Approving Officer]

_____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

(2) fax:
(833) 256-1665 or (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.

(Federal Statement Revised 5/2022)

HOW TO COMPLETE THE
SY 2023 FREE AND REDUCED-PRICE SCHOOL MEAL HOUSEHOLD APPLICATION

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

(a) List all students living in the household
(b) Include the name of the school they attend (if known)
(c) If the student is a Foster, Homeless or Migrant child, check the applicable box.
(d) Foster, migrant, homeless, and runaway children, and children enrolled in a Head Start program are categorically eligible for free meals. If you are completing an application for these children, contact the school for more information.
(e) If the student is a Foster child, their foster parent or other official representing the child must sign the form in step 4. You do not have to list a social security number.
(f) Foster children should be included as a household member. This may help other household members qualify for benefits.

STEP 2: ASSISTANCE PROGRAMS:

(a) If any member of the household currently participates in SNAP, TANF or FDPIR, provide the case number and name of the person receiving these benefits. Skip step 3. An adult household member must sign the form in Step 4 but does not have to list a social security number.
(b) If no one in the household participated in SNAP, TANF or FDPIR, proceed to step 3.

STEP 3: HOUSEHOLD INCOME: List all Household Members including yourself & students listed in step 1. List gross income for each person.

(a) Write the names of each person living in your household. A household is a person(s) living together that shares income and expenses, even if not related.
(b) Write the amount of gross income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column.
(c) Check the box for how often each income is received.
(d) If self-employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the school if you need help.
(e) Any income field left blank is a positive indication there is no income to report.
(f) Report total household size. This number must equal the number of household members listed in section 3.

STEP 4: *Required* - ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

The form must have the **signature** of an adult household member.

(a) The adult household member who signs must include the **last four digits of his/her social security number**. *If he/she does not have a social security number, check the appropriate box.* A social security number is not needed if you listed a SNAP or TANF case number or if you are applying for a foster child.

STEP 5: *Optional* - CHILDREN'S ETHNIC and RACIAL IDENTITIES: You are not required to answer this question, but completion of this information will help ensure everyone is treated fairly.

INCOME TO REPORT

Earnings from Work	*Public Assistance/Child Support/Alimony Received*	**Pensions/Retirement/Social Security & Other Income**
-Salary, wages, cash bonuses -Net income from self-employment (farm or business) If you are in the military: -Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) --Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Social Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits -Private pensions or disability benefits -Regular income from trusts or estates -Annuities-Investment income -Earned interest -Rental income -Regular cash payments from outside household

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
	• Army
	• Navy
	• Air Force
	• Marines
	• US Coast Guard
		• **Student is a dependent of a member in**
		  ○ full-time duty in the active military service of the United States, including
		  ▪ 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	• **Student is a dependent of a member in training or other duty (other than inactive duty)**
		  ○ 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	• **Student is a dependent of a member of:**
		  ○ the National Guard (not Full-time duty)
		  ○ Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)

	Not currently Military Connected	• **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.