

Welcome to Morse Street School

ENTERING KINDERGARTEN REGISTRATION REQUIREMENTS

The following items make up your child's permanent record. As you can see, this involves a great deal of record keeping. We would appreciate your help in making sure that your child's record is accurate and complete. The packet of papers includes the following forms:

- Registration Form**
- Kindergarten Parent Questionnaire**
- Permissions, Policy, Emergency Contacts**
- Military Identifier**
- Home Language Survey (required by State)**
- Maine Migrant Education Program (required by State)**
- Consent to Release Information**
- Bright Arrow Phone & Email Notifications**
- Health Requirements**
- Student Health History**
- Student Physical Exam**

The above forms, along with the following, must be completed and brought with you to your child's kindergarten screening appointment.

- Birth Certificate** – please bring in the original State birth certificate, we will make a copy, we cannot accept the hospital birth certificate
- Proof of Residency** – utility bill or lease agreement that has your name, address and current date
- Immunization Record** – official vaccine record from your child's physician
- Latest Physical Record** – most recent physical report from your child's physician

Date of Entry: _____
School: _____
Grade Level: _____

Code: JFAA-E

RSU NO. 5 - STUDENT REGISTRATION FORM

This information is for your child’s permanent school record. All information will become part of his/her confidential records, accessible to school officials. Please be certain the information is accurate. Thank you.

Student’s Legal Name: _____ Student’s Nickname: _____
Last First Middle

Home Address: _____ Home Phone: _____
Street Town/City State/Zip

Mailing Address: _____
Street Town/City State/Zip

Date of Birth: _____ Place of Birth (City/State): _____

Gender: () Male () Female Birth Certificate on File: () Yes () No

Is this student receiving Special Services (i.e., Speech, P.T., O.T., Social Worker, Title One)? _____

Ethnicity (optional): Is the student Hispanic or Latino? () Yes () No

Race (optional):

- a. White c. Asian e. Native Hawaiian / Other Pacific Islander
- b. Black or African American d. American Indian or Alaska Native

Student Lives With (circle one): Mother Father Both Mother/Mother Father/Father

Mother and Stepfather Father and Stepmother **Legal Guardian

**If the student lives with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.

Is the student a Ward of the State? () Yes () No

Additional Information: _____

Is there a court order regarding custody or restricting access to your child? () Yes () No. A certified copy of the order must be attached.

<u>Parent 1</u>	<u>Parent 2</u>
Name: _____	_____
Home Address: _____	_____
Place of Employment: _____	_____
Occupation: _____	_____
Business Phone: _____	_____
Home Phone: _____ / Cell: _____	_____ / Cell: _____
E-Mail Address: _____	_____

Parental Status (circle one) Single Married Divorced Separated Widowed Domestic Partner

Legal Guardian’s Name: _____ Home Phone: _____

Legal Guardian’s Place of Employment & Phone: _____

Number of Children in Family: _____ Boys: _____ Girls: _____
Names of Children: _____ Birthdates of Children: _____

Immunization Records – Records need to be presented upon registration

All students who enroll in the RSU No. 5 schools are required by Maine law to present a certificate of immunization or evidence of immunization.

Non-immunized students shall not be permitted to attend school unless one of the following conditions are met:

(please check applicable box):

- () The parents/guardians provide to the school written assurance that the child will be immunized within 90 days of enrolling in school or his/her first attendance in classes, whichever date is earlier. This option is available only once to each student during their school career; or
- () The parents/guardians provide a physician’s written statement each year that immunization against one or more diseases may be medically inadvisable (as defined by law/regulation); or

STUDENT EDUCATION/DISCIPLINARY RECORDS FROM PREVIOUS SCHOOL

Name of School that student is transferring from: _____
Address and telephone number: _____
Name of Principal: _____
Grade Last Attended: _____
Reason for Transfer: _____

Is the student currently subject to expulsion or suspension from the school from which he/she is transferring OR has the student withdrawn from the school before an expulsion hearing or suspension? Yes _____ No _____

If the answer is yes, please attach a written statement of the circumstances. If the student has been expelled or suspended, or withdrew from school before an expulsion hearing or suspension, the student will not be allowed to enroll in RSU No. 5 until the Superintendent has made a determination as to whether to admit the student and if so, under what conditions. The applicant is hereby notified that the RSU No. 5 School Department, in accordance with 20-A M.R.S.A. § 6001-B, shall request all of the student’s education and disciplinary records from the school he/she is transferring from. RSU No. 5 School Department may also request an oral or written report from the previous school as to whether the student has been expelled or suspended, or withdrew from school before an expulsion hearing or suspension.

If an applicant is allowed to enroll in RSU No. 5 pending receipt of education and disciplinary records, such enrollment shall be considered conditional until the Superintendent has made a determination as to the student’s disciplinary status in the previous school.

Parent/Guardian Certification of Residency

I certify that I live with the student named above at the home address identified above. I understand that the RSU No. 5 School Department reserves the right to require proof of residency and that I have the burden of proof regarding residency. If this residency information changes, I agree to bring it to the immediate attention of the RSU No. 5 School Department.

Date: _____ Signature: _____
Print Name: _____

Page 2 of 2 – Form is not complete until both pages are filled in.

Kindergarten Parent Questionnaire

Child's Name _____ Preferred Name _____

Who lives in your household, adults and children? Please list the ages of other children.

Has your child shared with you his/her thoughts about kindergarten? What does she/he look forward to? Does she/he express any fears or concerns?

Has your child attended preschool? Briefly describe when, where and for how long. What was the experience like for your child?

How would you describe your child's personality? Please tell us something he/she enjoys doing.

Please describe your expectation or any concerns you have regarding your child's transition to kindergarten. Do you anticipate any separation difficulty, peer conflict or behavior issues?

This year in kindergarten, I would like for my child to....(goals you have)

Are there any specific social, emotional or behavioral concerns which may affect your child's school experience? (for example, family changes or recent losses)

Is there anything you would like to discuss with our school nurse regarding your child's health history (e.g. allergies, medication, cardiac issues, seizure history, head trauma, hearing issues/tubes, etc.)?

Is there anything else you would like to share about your child? A familiar peer that you would like them placed with? (daily routines, likes/dislikes)

Would you like to schedule a meeting with the principal or school counselor to talk more about your child and his/her transition? Yes/No (Please circle)

Morse Street School

Policy, Permissions and Emergency Contacts 2024-2025

We are required by federal law, state law and/or by local policy to obtain permission for a variety of school activities. Below are permissions that we would like you to consider and sign.

Child's Name: _____

Parent/Guardian completing form (Please print): _____

Accident & Illness

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call Freeport Rescue or the physician indicated and the school may make whatever arrangements necessary to provide care and treatment for my child.

Signature of parent or guardian: _____

Field Trips

I give my child permission to participate in walking field trips and local bus trips within Freeport, during school hours. I understand individual permission slips are not sent home for such trips. (All other field trips require signed permission slips in order for children to attend).

Signature of parent or guardian: _____

Emergency Contact and Primary Doctor Information

Please provide contact information for two individuals (other than parents) who may be reached locally.

Emergency Contact #1:			Emergency Contact #2:		
Home Phone:	Cell Phone:	Relationship:	Home Phone:	Cell Phone:	Relationship:

Primary Doctor:	Doctor Phone:
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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, or 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, and 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) or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).
	Not currently Military Connected	Student is not the child of an Active Duty, Full Time National Guard, or Part-time National guard member of the Armed Services.

Note: If at least one parent serves in active uniformed service of the United States check Active Duty.

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















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 lunch, education and support services, and graduation support**

1. Have you or anyone in your home worked temporarily or seasonally in agriculture or fishing anywhere in the U.S. in the past 3 years? Yes No

If yes, please circle all that apply:

 Feed Cattle, Processing, Packing	 Dairy	 Eggs	 Blueberries	 Cultivation, Soil Preparation	 Fishing, Fish Processing	 Lobstering
 Broccoli / Cauliflower	 Fishing Elvers	 Forestry (landscaping not included)	 Greenhouse, Nursery, Sod	 Harvest Potatoes	 Picking Apples	 Harvest ANY fruits or vegetables

2. If yes, did you or that person change your residence to do this work (even if only for a short period of time like a week)? Yes No
3. Have your children moved with you across school district lines in the last 3 years? Yes No

Parent/Guardian Name: _____ Phone: _____

Street Address: _____ City: _____

Best Day and Time to Call: _____ Email: _____

Please list children below:

First Name	Last Name	Grade	Date of Birth

Please return this form to one of your child's teachers, or to the central office of your school. We will call you to see if your children are eligible for the program.

If you would like to speak with us directly about our services, call (207) 557-1787. Thank you!

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

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

Matt Flaherty, State Director
matthew.flaherty@maine.gov
(207) 530-1807

RSU NO. 5 CONSENT TO RELEASE PREK-8 STUDENT INFORMATION

2024-2025 School Year

Dear Parents/Guardians:

Directory Information

During the school year there are groups who support school activities like the parent/teacher organizations, boosters for various sports and activities who request Directory Information from us. These groups are directly associated with the school and any information given to them is not shared with anyone else. RSU No. 5 designates the following student information as directory information: name, participation and grade level of students in recognized activities and sports, height and weight of student athletes, dates of attendance in the school unit, and honors and awards received. While directory information can be released without written permission, it has been our custom to honor your wishes regarding this issue. RSU5 may disclose directory information if we have not received timely written notice refusing permission to designate such information as directory information.

Student Name: _____ Grade: _____

_____ I request that the school **NOT** release my child's information of any kind, including "directory information"

Signature of Parent/Guardian: _____ Date: _____

Information on the Internet

There are also activities such as music presentations, plays, etc. that are photographed or video taped and played over the local cable access channel or other television stations. Photos and student names are sometimes released to the press, such as the honor roll, and/or displayed on teacher's classroom and school websites.

Student Name: _____ Grade: _____

_____ I request that the school **NOT** release my child's information on the internet or television.

_____ My child's information may be released on the internet or television

Signature of Parent/Guardian: _____ Date: _____

**RSU5
BRIGHTARROW NOTIFICATIONS**

2024-2025 School Year

Dear Parents:

RSU5 has a notification system called BrightArrow. The system will send out notifications to parents via the telephone regarding important school information. The information that might be sent out through the BrightArrow system includes, but is not limited to the following:

- School Closings
- Emergency situations
- School activity updates/reminders
- School Board information

_____ I request that my phone number **NOT** be accessed by the BrightArrow system

_____ I request that my phone number be accessed by the BrightArrow system. The phone numbers used will be the phone numbers provided to the school on the student demographics form.

Parent Name (please print): _____ Date: _____

Student Name (please print): _____

E-MAIL COMMUNICATIONS

RSU5 also has an e-mail communication system to send parents information regarding the schools through e-mail (newsletters, PTC information, School Board information, etc.). We have found this to be an effective way to communicate with parents. We do not release this list to outside groups and only information related to RSU5 is sent out.

_____ I would like to receive e-mail notices. The e-mail addresses used will be the addresses provided to the school on the student demographics form.

_____ I do **NOT** want to receive e-mail notices.

TEXT MESSAGES

To receive text messages through BrightArrow, you need to opt in. You will receive an opt in invitation for text messages the first time the school sends out a message. Opting in is completely optional and all communications sent via text will also be sent via email.



Durham-Freeport-Pownal Health Requirements

(A signature is required on all Registrations for Kindergarten & Transfer Students)

Name of Student _____ Entering Grade _____

Maine law states upon enrollment you must bring a physician's copy of the student's current **IMMUNIZATION RECORD** with documented vaccine dates.

# Doses	IMMUNIZATION REQUIREMENTS
5	DPT (4 If the 4 th dose is given after the 4 th birthday)
4	OPV (3 if the 3 rd dose is given after the 4 th birthday)
2	MMR (1 st dose is given on or after the 1 st birthday)
2	Chicken Pox (vaccine date, disease date, or blood test)
1	TDAP (For those students entering the 7 th grade)
2	MCV4 (1 st dose entering 7 th grade & 2 nd by 12 th grade)

A Student who does not meet these requirements **MAY NOT ATTEND SCHOOL** until they provide a signed **MEDICAL EXEMPTION** from a licensed physician, nurse practitioner or physician assistant licensed in the State of Maine stating that immunization may be *medically inadvisable*. This Exemption must be completed and signed **annually**.

Additional Health Forms To Be Completed:

1. A **HEALTH HISTORY FORM** Pre-K, Kindergarten and all Transfer Students
2. An **ANNUAL HEALTH HISTORY UPDATE FORM** completed by all students 1st -12th
3. A **PHYSICAL EXAM FORM** completed by the student's physician for students entering Pre-K, Kindergarten, 3rd, 6th, 9th, & 11th Grades and all Transfer Students.

I understand that I am giving written assurance that my child will be immunized within 90 days of enrolling in school or his/her first day of school whichever is earlier or they will have a medical exemption in writing, completed annually. This 90 day option is available only once to each student during their school career. In subsequent years, I understand that my child's immunizations or medical exemption will be current and provided to the school on the first day of the school year.

Signature of Parent/Guardian

Date



RSU No. 5 Durham – Freeport – Pownal



Health Record Requirements

Routine medical care is an important part of insuring that your child is healthy and able to participate to the best of his/her ability in the academic program and classroom activities of their school day, along with a strenuous physical education program, co-curricular activities, and interscholastic sports.

Students entering **Pre-K, Kindergarten, 3rd, 6th, 9th, 11th Grades & Transfers** are required to provide:

1. Their current **IMMUNIZATION RECORD** – copy from their physician.
2. The **STUDENT PHYSICAL EXAM Form** - must be completed & signed by their physician. This physical form will also cover students participating in the interscholastic sports program. Transfer Students may show evidence of a Physical Exam completed within the past year.
3. The **STUDENT HEALTH HISTORY** - must be completed for Preschool, Kindergarten and all Transfer students by a parent/guardian.
4. The **ANNUAL HEALTH HISTORY UPDATE Form** – must be completed for all returning students 1st -12th grade.

If you are unable to meet these requirements because of financial, religious, or other considerations, PLEASE contact the School Nurse in your child's school.

HEALTH SERVICES TEAM

Freeport High School

Phone: 865-4706 x4

Fax: 865-2900

Emily Guyer RN, BSN

guyere@rsu5.org

Freeport Middle School

Phone: 865-6051

Fax: 865-2902

Maureen Erskine RN, BSN

erskinem@rsu5.org

Durham Community School

Phone: 353-8249

Fax: 353-2731

Kim Gormely RN, BSN

gormelyk@rsu5.org

Mast Landing School

Phone: 865-4561 x2

Fax: 865-2909

Erika Skiffe RN, BSN

skiffe@rsu5.org

Morse Street School

Phone: 865-6361 x2

Fax: 865-2903

Brooke Rich RN, BSN, MEd

richb@rsu5.org

Shannon Sampson RN, BSN

sampsons@rsu5.org

Pownal Elementary School

Phone: 688-4832 x16

Fax: 688-4872

Abigail Leavitt RN, BSN

leavitta@rsu5.org

RSU No. 5 SCHOOL NURSES have the Maine DOE Certification to work as a School Nurse



**Durham-Freeport-Pownl
Student Health History**
To be completed by Parent/Guardian
For Pre-K, Kindergarten and Transfer Students



Student Name: _____ Birth Date: _____ Grade: _____

Please check any EMERGENCY Health conditions that your child has:

Asthma: _____ Heart Condition: _____ Diabetes: _____ Seizures: _____ Other: _____

Please specify if your child has a LIFE-THREATENING ALLERGY to:

Foods: _____ Medications: _____ Stings: _____ Other: _____

An Individual Action/Management Plan must be signed by your PCP each school year, for any of these conditions.

***These potentially, life threatening conditions will be included on the Medical Alert List ***

Medications taken at home:(name, dose & Frequency) _____

I give permission to administer dose appropriate: Tylenol Yes No Ibuprofen Yes No

Describe any other health conditions below: symptoms, treatment, frequency, and their age/date that it occurred.

These conditions will be included in your child's health record.

Allergies (Non-life-threatening) or sensitivities: _____

Behavioral/Social-Emotional/Mental Health Problems: _____ Diagnosed ADD/ADHD: _____

Bones/Joints/Muscle Coordination: _____ Scoliosis: _____ Treatment: _____

Bowel/Digestive/Stomach Problems: _____

Bronchitis/Chronic Cough/Wheezing: _____

Ear/Hearing Problems: _____ Tubes in Ears: _____ Hearing Aid(s): R _____ L _____

Eye/Vision Problems: _____ Glasses: _____ Contacts: _____

Headaches/Migraines/Dizzy Spells/Fainting: _____ History of Concussion: _____

Menstrual Issues: _____

Nutrition/Special Dietary Needs: _____

Skin Problems: _____

Speech Problems: _____

Teeth Condition: _____ Last Dental Exam: _____

Other Health Concerns: _____

Has your child had: Chicken Pox disease: _____ Pertussis (Whooping Cough)? _____

Does your child use: Crutches _____ Wheel Chair _____ Braces (Arms/Legs) R _____ L _____ Other: _____

Accidents/Hospitalizations/Surgery: _____

Does your child have Health Insurance?: Yes _____ No _____ Insured under **Maine Care:** Yes: _____ No: _____

If your child needs assistance with Health Insurance, CALL 1 -800-965-7476 or www.maineceahc.org

Do you need help with finding Dental Care for your child? Yes _____ No _____

Physician: _____ Phone/Fax: _____

Dentist: _____ Phone/Fax: _____

Eye care: _____ Phone/Fax: _____

Other Specialist, Counselors, etc. _____

- ◆ I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.
- ◆ I authorize exchange of information with my child's physician for required school physical examination, immunization records, and health concerns.
- ◆ I recognize that school personnel will take the appropriate steps in a medical situation, including calling Rescue 911.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Contact information: Home: _____ Work: _____ Cell: _____



RSU No. 5 Durham - Freeport - Pownal
STUDENT PHYSICAL & ATHLETIC EXAM
For Students Entering PreK K 3rd 6th 9th 11th & all Transfer Students
To the Health Care Provider: Please Complete and Sign
(Physician, Osteopath, Nurse Practitioner, Certified Nurse-Midwife or Physician Assistant)



Student's Name _____

DOB _____

GRADE _____

IMMUNIZATIONS

Please attach a complete Immunization Record.

Student has documented history of Chickenpox Disease? No Yes (If yes, Date: _____)

If student requires a medical exemption for immunizations please submit documentation to school nurse annually

MEDICATION at Home			MEDICATION at School			
This student is on long-term medication <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____			Medication	Dose	Time	Frequency
B/P	Pulse	This student has the knowledge and skill to carry and self-administer this medication. <input type="checkbox"/> Yes <input type="checkbox"/> No				
HT	WT					BMI

Eye exam completed?: Pass: Fail:

Referred for follow-up vision care?: Yes: No:

HEALTH NEEDS IN SCHOOL

EMERGENCY CONDITIONS (PLEASE attach an ACTION PLAN for the following conditions)

Anaphylaxis (Food /Sting Allergy) Cardiac Asthma Diabetes Seizure Other

Comments / recommendations / additional information _____

HEALTH CONCERNS (*explain below*)

Chronic Disease Physical Dysfunction Hearing Vision Behavioral/Social/Emotional Speech/Language

Allergies / Sensitivities / Intolerances _____

History of Concussion (If yes, provide dates) _____

PARTICIPATION

By signing this form the student *may participate* fully in school activities including physical education, sports, and co-curricular activities. If student *may not participate* fully in school programs and needs restrictions/adaptations please attach detailed information to accompany this form.

Student's most recent PHYSICAL EXAM was done on: ____/____/____ (Date)

Signature of Health Care Provider _____	Name/Group Practice (Please Print) _____	Phone _____	Date _____
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