

# Welcome to Morse Street School

## ENTERING KINDERGARTEN, FIRST & SECOND GRADE 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**  
**Permissions, Policy, Emergency Contacts**  
**Military Identifier**  
**Home Language Survey (required by State)**  
**Maine Migrant Education Program (required by State)**  
**Consent to Release Information**  
**School Messenger & E-mail Notification**  
**Health Requirements**  
**Student Health History**  
**Student Physical Exam**

In addition to the forms listed above, the following documents are required in order for your child to start school.

- 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



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.**

# 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:
-----------------	---------------

# 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	<b>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.</b>
	Full Time National Guard	<b>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.</b>
	Part-time National Guard or Reserve	<b>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).</b>
	Not currently Military Connected	<b>Student is not the child of an Active Duty, Full Time National Guard, or Part-time National guard member of the Armed Services.</b>

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 services** such as: **free lunch, education and support services, and graduation support**

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

**If yes, please circle all that apply:**

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

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

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Best Day and Time to Call: \_\_\_\_\_ Email: \_\_\_\_\_

Please list children below:

First Name	Last Name	Grade	Date of Birth

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

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

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

For the most up to date version of this form go to website: <https://www.maine.gov/doe/migrantform>

## 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.

<b><u># Doses</u></b>	<b><u>IMMUNIZATION REQUIREMENTS</u></b>	
5	DPT	(4 If the 4 <sup>th</sup> dose is given after the 4 <sup>th</sup> birthday)
4	OPV	(3 if the 3 <sup>rd</sup> dose is given after the 4 <sup>th</sup> birthday)
2	MMR	(1 <sup>st</sup> dose is given on or after the 1 <sup>st</sup> birthday)
2	Chicken Pox	(vaccine date, disease date, or blood test)
1	TDAP	(For those students entering the 7 <sup>th</sup> grade)
2	MCV4	(1 <sup>st</sup> dose entering 7 <sup>th</sup> grade & 2 <sup>nd</sup> by 12 <sup>th</sup> 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 1<sup>st</sup> -12<sup>th</sup>
3. A **PHYSICAL EXAM FORM** completed by the student's physician for students entering Pre-K, Kindergarten, 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup>, & 11<sup>th</sup> 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, 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup>, 11<sup>th</sup> 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 1<sup>st</sup> -12<sup>th</sup> 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](mailto:guyere@rsu5.org)

#### Freeport Middle School

Phone: 865-6051

Fax: 865-2902

Maureen Erskine RN, BSN

[erskinem@rsu5.org](mailto:erskinem@rsu5.org)

#### Durham Community School

Phone: 353-8249

Fax: 353-2731

Kim Gormely RN, BSN

[gormelyk@rsu5.org](mailto:gormelyk@rsu5.org)

#### Mast Landing School

Phone: 865-4561 x2

Fax: 865-2909

Erika Skiff RN, BSN

[skiffe@rsu5.org](mailto:skiffe@rsu5.org)

#### Morse Street School

Phone: 865-6361 x2

Fax: 865-2903

Brooke Rich RN, BSN, MEd

[richb@rsu5.org](mailto:richb@rsu5.org)

Shannon Sampson RN, BSN

[sampsons@rsu5.org](mailto:sampsons@rsu5.org)

#### Pownal Elementary School

Phone: 688-4832 x16

Fax: 688-4872

Abigail Leavitt RN, BSN

[leavitta@rsu5.org](mailto: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.mainecehc.org](http://www.mainecehc.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 3<sup>rd</sup> 6<sup>th</sup> 9<sup>th</sup> 11<sup>th</sup> & 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 _____
---	--	-------------	------------