

PROOF OF RESIDENCY – ATTACH TWO RESIDENCY AND ONE GUARDIANSHIP:

- Property tax bill
- Rental agreement
- Motor vehicle registration
- Driver's license
- Hunting or fishing license
- Utility bills
- Property insurance
- Separation agreement, divorce judgement, or parental rights and responsibilities judgement
- A court order identifying my residence, the primary evidence of my child, or the allocation of parental rights and responsibilities among the parents/legal guardians of my child
- Birth Certificate
- Other (please specify): _____

RSU 63 MAY REQUIRE THAT YOU PROVIDE ADDITIONAL PROOF OF RESIDENCY

REGIONAL SCHOOL UNIT #63

Student Registration Form

Student ID # _____

Check One: ☐ Initial Enrollment ☐ Transfer Student Enrolling in Grade _____ First Day of School _____ Town of Residency _____Legal Name of Student _____
First Middle LastDate of Birth _____ Place of Birth _____ Gender ☐ Male ☐ FemaleEthnic Identity: ☐ Hispanic or Latino ☐ Not Hispanic or LatinoRacial Identity (check all that apply): ☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other***A parent or guardian is defined as a person who looks after and is legally responsible for the student being registered.***With Whom Does the Child Reside? (Circle all that apply) Both parents Primary Household Parent 1 Secondary Household Parent 1 Guardian
Stepparent Other: _____

Status of Parents: (circle) Married Separated Divorced Deceased Other: _____

Primary Household Information: (Student's Primary Residence)

1. Parent/Guardian's Name _____ Relationship to Student _____

Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

2. Parent/Guardian's Name _____ Relationship to Student _____

Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

Secondary Household Information: (Student's Secondary Residence)

1. Parent/Guardian's Name _____ Relationship to Student _____

Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

2. Parent/Guardian's Name _____ Relationship to Student _____

Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

Parent/Guardian Certification of Residency

I certify that I live with the student named above at the street address identified above. I understand that the RSU#63 School District requires 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#63 School District.

Date _____ Signature _____

Print Name _____

Guardianship, Custody, Emancipation Documents

- ☐ If parents are divorced, a copy of the court order regarding custody must be attached.
- ☐ If a custodial parent/guardian wishes the RSU#63 schools to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.
- ☐ If the student lives in one of the towns of RSU#63 with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.
- ☐ If there is a restraining order in effect, a certified copy of the order must be on file with the school for enforcement.
- ☐ If the student is an emancipated minor, a certified copy of the court order must be attached.
- ☐ If the student is homeless, he/she should discuss his/her situation with the School Principal or designee.

School student last attended: _____ Grade _____ Date last attended _____
City, State, Zip _____
Did student receive any of the following services?
Special Education/IEP _____ 504 plan _____ Gifted and Talented Program _____ Title I _____
If you have a current IEP/504/GT plan copy, please provide one.
Pre-K and Kindergarten only: Has your child received Child Development Services (CDS)? Yes _____ No _____
Reason for transfer: _____
Has your child ever been suspended/expelled for a weapons, drugs, bullying or violence violation: Yes _ No _____

Language

What language did your child **FIRST** speak? _____
What language do you **MOST OFTEN** use when speaking to your child at home? _____
What language does your child **MOST OFTEN** speak at home? _____
What language does your child **MOST OFTEN** speak outside the home? _____

Please check one:

1. Do you reside outside of Holden, Clifton or Eddington? ☐ Yes ☐ No
If *yes*, attach *Permission to Attend* letter from the student's resident superintendent.
2. Homeless? ☐ Yes ☐ No
3. Eligible for Maine Care? ☐ Yes ☐ No
Maine Care # _____
4. Is child a ward of the state? ☐ Yes ☐ No
5. Eligible for Free/Reduced Meals? ☐ Yes ☐ No

Optional: Parents/guardians are not required to provide this military family information. Are one or both of this student's parents/guardians currently (circle all that apply):

1. Not connected to the United States Military
2. Active Duty in the U.S. Army, Navy, Air Force, Marines, U.S. Coast Guard
3. Full-time National Guard
4. Part-time National Guard and Reserve
5. Veteran

Siblings (relationship: brother, sister, stepbrother, stepsister, etc.)

Name _____	Relationship _____	Grade _____	School _____
Name _____	Relationship _____	Grade _____	School _____
Name _____	Relationship _____	Grade _____	School _____
Name _____	Relationship _____	Grade _____	School _____
Name _____	Relationship _____	Grade _____	School _____

Emergency Medical Authorization:

If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgement of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

Parent/Guardian Signature: _____ Date _____

Evidence of Immunization

Students must be fully immunized prior to attending school.

Non-immunized students are not permitted to attend school unless they have a medical exemption signed by his/her doctor.

Print Name (parent/guardian)

Sign Name (parent/guardian)

Date

REGIONAL SCHOOL UNIT #63

Transfer of Pupil Records

Date _____

This is to certify that I, _____, the parent/legal guardian of the child/children listed below do hereby request that the educational records of the below listed child/children be transferred to:

HOLBROOK SCHOOL
202 KIDDER HILL ROAD
HOLDEN, ME 04429
PHONE: (207) 843-7769
FAX: (207) 843-4328

Please provide complete pupil information to the address listed above by sending the Permanent Records and all other pertinent records including health and special education information.

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

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

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

Signature of Parent/Legal Guardian

<u>Child/Children</u>	<u>Enrolling in Grade</u>	<u>Name and address of last school attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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,

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 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



Maine Migrant Education Program

School Survey 2024-2025

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: maine.gov/doe/schools/safeschools/migrated/migratedform

Maine Migrant Education
Dept. of Education
23 State House Station Augusta, ME 04333-0023

Sol Rheem, State Director
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