



**EDDINGTON SCHOOL
KINDERGARTEN & NEW STUDENT
REGISTRATION PACKET**

Welcome to the Eddington School! We are so happy to have you join us in our learning adventures.

Please fill out the enclosed registration and return it along with a copy of your child's birth certificate, a copy of his/her immunization record, and 2 proofs of residency (if student is new to our school).

We look forward to an exciting year!

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:

EDDINGTON SCHOOL
440 MAIN ROAD
EDDINGTON, ME 04428
PHONE: (207) 843-6010
FAX: (207) 843-4317

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

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

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 _____ Last _____

Date of Birth _____ Place of Birth _____ Gender ☐ Male ☐ Female

Ethnic background (check all that apply): ☐ Caucasian/White ☐ American Indian/Native American ☐ African American/Black ☐ Hispanic
☐ Asian/Pacific Islander

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 Parent 1 Parent 2 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

RSU 63 Health Update

Student Name: _____ D.O.B. _____ Grade _____

Are immunizations complete? (Y/N) Documents must be provided.

Medical Issues: _____

Daily medication & medications taken as needed: _____

Allergies:

Does your child have an epi pen? (Y/N)

Please describe the allergic reaction: _____

Date of most recent reaction? _____

Dietary intolerance? (Y/N)

Please describe symptoms: _____

If this is a food allergy or intolerance, please provide documentation from your PCP. We need documentation if accommodations are requested.

Any recent illness or injury, including concussion: _____

It is the general policy of the Board of Directors (the Board) to discourage the dispensing of medication, including over-the-counter (OTC) medication on RSU 63 premises. The administration of prescribed medication to a student during school hours will be permitted only when failure to take such medication would jeopardize the health of the student, or the student would not be able to participate in school activities if the medication were not given during school hours.

Please contact the nurse at dbickford@rsu63.org if your child needs to take medicine at school. We will need a signed permission form and medication must be in the original container before it can be dispensed.

Parent Signature: _____ **Date:** _____

**EDDINGTON SCHOOL
STUDENT EMERGENCY INFORMATION
2025 – 2026**

Student's Name: _____ DOB: _____

Home Telephone Number: _____

Mailing Address: _____

Street Address (if different): _____

Mother's Name: _____

Mailing Address: _____

Employer: _____ Work Phone: _____

Cell Phone (or other) Number: _____

E-mail address: _____

Father's Name: _____

Mailing Address: _____

Employer: _____ Work Phone: _____

Cell Phone (or other) Number: _____

E-mail address: _____

Friends or relatives who may be contacted in case parents cannot be reached:

Name: _____ Relationship: _____

Telephone Number: _____

Name: _____ Relationship: _____

Telephone Number: _____

Name: _____ Relationship: _____

Telephone Number: _____

Name: _____ Relationship: _____

Telephone Number: _____

In case of an emergency, the school is authorized to (please check):

_____ Contact family physician _____ Phone: _____

_____ Take my child to the emergency department

_____ EMMC/Northern Light _____ St. Joseph's Hospital

_____ Other (Please specify): _____

.....
Signed: _____ Date: _____

Allergies: _____ None known

_____ Bee or other insect stings

_____ Foods (Please list): _____

_____ Medications (Please list): _____

Please describe what happens: _____

Medical Conditions: _____

Medications your child takes regularly: _____

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**

Required Immunizations

Immunization requirements for school entry are:

PreK

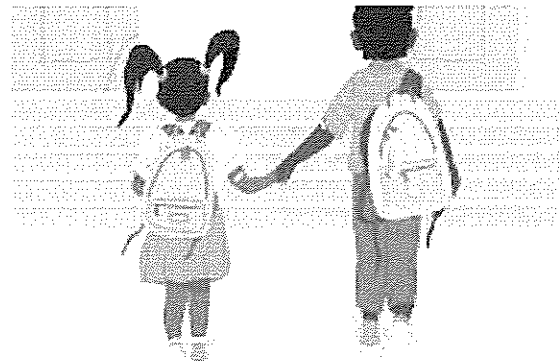
- 4 DTaP
- 3 Polio
- 1 MMR
- 1 Varicella

Kindergarten

- 5 DTaP
- 4 Polio
- 1 MMR
- 2 Varicella

7th grade Immunization requirements:

- All of the above plus
- 1 Tdap
- 1 Meningococcal Conjugate Vaccine (MCV)



Take steps to make sure your kids are ready to return to school with recommended vaccinations.



- Medical exemptions must be signed by your PCP
- Students must have proof of vaccination before starting school
- Bangor Public Health provides vaccines for children.

2025-2026 GENERAL FIELD TRIP PERMISSION – EDDINGTON SCHOOL

Periodically during the school year various classes take a one day or less field trip for educational, recreational, and entertainment purposes. These trips are well chaperoned and the school takes precautions to make these trips safe.

I give my permission for my son/daughter _____ in grade ____ to go on these trips in school provided transportation which will be owned and operated by the school.

I understand that a notice of any field trip will be given prior to the date of the trip. If I do not wish my child to attend, I will notify the school at that time.

Date

Signature of Parent/Guardian

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**2025-2026 PUBLISHING PERMISSION – EDDINGTON SCHOOL**

**PARENT/GUARDIAN  
AGREEMENT FORM TO PUBLISH STUDENT INFORMATION ON THE RSU #63 WEBSITE**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

\_\_\_\_\_

RSU #63 has a policy requiring written permission from a student's parent/guardian prior to publishing student information, photographs or work on the district website. A copyright notice is also included prohibiting the copying of student work without express written permission. In the event that a request for copying is received by RSU #63, the student's parent/guardian will be notified.

- I. Please indicate below whether or not you agree to the publication of your child's information/photograph/work and return this form to the school office as soon as possible.
- II. This agreement will remain in effect for the entire school year unless it is rescinded in writing. If you have any questions, please contact the building Principal.

\_\_\_\_\_ I grant permission for my child's information/work to be published on RSU #63's website.

\_\_\_\_\_ I grant permission for my child's photograph to be published on RSU #63's website.

**OR**

\_\_\_\_\_ I do not want my child's information/photograph/work to be published on RSU #63's website. ***Please note: if you select this option your student's name and/or picture will not appear in the weekly newsletter or other printed material for honor rolls, awards, sports team participation, or any other school activity in which they are involved.***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature(s)

\_\_\_\_\_  
Date

## 2025-2026 FILMING PERMISSION – EDDINGTON SCHOOL

Eddington School occasionally has local television networks televise on our school premises. Teachers may photograph or videotape students during activities, assemblies or field trips for use in the classroom or in the yearbook. Student teachers may film their classes for review at the college level and/or for their personal portfolios.

### FILMING PERMISSION

☐ **Yes, I give permission** for my child to be filmed by local television networks that are on school premises or by student teachers filming their classes for review at the college level and/or for their personal portfolios.

☐ **No, I do not give permission** for my child to be filmed by local television networks that are on school premises or by student teachers filming their classes for review at the college level and/or for their personal portfolios.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

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2025-2026 STUDENT COMPUTER/INTERNET USE ACKNOWLEDGMENT FORM

Student Name (please print)

Date

Signature of Student

Parent/Guardian:

I have read policy *IJNDB – Student Computer/Internet Use** – and understand that my son'/daughter's use of school district computers/devices and the Internet is subject to compliance with these rules.

Parent/Guardian (please print)

Date

Parent/Guardian Signature

Questions/Comments

Please return to your student's school by October 1, 2025

*A copy of *IJNDB Student Computer/Internet Use* can be found in the Parent/Student Handbook.

Signature Page 2025-2026

This is to certify that I have received, read and understand the Parent/Student Handbook*, and will follow the rules and policies within. I have also reviewed this Handbook with my child(ren) and will be sure he/she abides by the rules and policies.

Date

Parent Signature

Student Signature

Student Signature

Student Signature

Comments: _____

STUDENT AND RIDER CONDUCT ON SCHOOL VEHICLES ACKNOWLEDGEMENT

I have read the bus safety regulations and rules and have reviewed them with my child.

PARENT'S SIGNATURE

CHILD'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

*The Parent/Student Handbook can be found on the RSU #63 website (www.rsu63.org) or you may request a copy by calling the Eddington School office at 843-6010.