

RSU 22

Verification of Residency

This certification is required as part of the registration process for all students or an address change for existing students.

TWO forms of proof of residency will be required showing the physical address and parent/guardian information.

Name of Student: _____
Last First Middle Initial

Residence: _____

Date of Birth: _____ School Attending: _____

I understand that a minor student is eligible to attend a RSU 22 School if his or her parent or guardian with legal custody resides in Frankfort, Hampden, Newburgh, or Winterport. I hereby certify that I reside in Frankfort, Hampden, Newburgh, or Winterport at the address shown above; that I have legal custody of this student; and that I am this student's:

☐ Parent
☐ Legal Guardian
☐ Other Relationship _____
Please specify

I agree to notify school authorities of any change of address without delay.

Signed this _____ day of _____, _____
Day Month Year

Print Name

Signature

Below for Official School Use Only

Types of residency proof required.

Please check two.

Maine Driver's License # _____
Utility Receipt Dated _____
Real Estate Tax Bill Dated _____
Rental Lease Dated _____
Excise Tax Receipt Dated _____
Other Documentation _____
(Please attach a copy of documentation)

Date: _____

School staff person accepting proof of residency



Regional School Unit 22
AUTHORITY TO TRANSFER EDUCATIONAL RECORDS

TO: _____
(SCHOOL most recently attended)

Street Address	City	State	Zip
Last Date Attended	Telephone #	Fax #	
Name of Student	Birthdate		
Physical Address	City	State	Zip

Request for educational records includes, but not limited to:

- | | |
|---|---|
| ☐ MEDMS # (SSID) | ☐ Test Records |
| ☐ Academic Records (Official Transcript) | ☐ Health Records |
| ☐ Special Education Records* | ☐ Behavioral Records |

***If the student currently receives Special Education services, please fax a copy of the IEP and most current Written Notice to the Special Services Office - Confidential fax number is 207.862.3808.**

- ☐ The student intends to enroll or has already enrolled in our school district; therefore, please send records to:
- ☐ The student has applied for enrollment in our school district; therefore, please send copies of records for review only to:

☐ Earl C. McGraw
20 Main Rd. North, Hampden, ME 04444
207.862.3830 (p) 207.862.5649 (f)

☐ George B. Weatherbee School
22 Main Rd. North, Hampden, ME 04444
207.862.3254 (p) 207.862.3141 (f)

☐ Reeds Brook Middle School
28A Main Rd. South, Hampden, ME 04444
207.862.3540 (p) 207.862-3551 (f)

☐ Leroy H. Smith School
319 South Main St., Winterport, ME 04496
207.223.4282 (p) 207.223.2267 (f)

☐ Samuel L. Wagner Middle School
19 Williams Way, Winterport, ME 04496
207.223.4309 (p) 207.223.4325 (f)

☐ Hampden Academy
89 Western Ave., Hampden, ME 04444
207.862.4111 (p) 207.862.4592 (f)

Signature of Parent or Guardian

Date

*Section of 99.31 of the Family Education Rights and Privacy Act (FERPA) allows for the disclosure of educational records to officials of another school administrative unit where the student seeks or intends to enroll. Prior consent of the parent or guardian is not required.



Regional School Unit 22 REGISTRATION FORM

Has the child ever been enrolled in RSU 22 schools?

No ☐ Yes ☐ If yes, which school and grade(s):

For School Use:

Birth Certificate Certified By: _____

Grade: _____ Teacher: _____

Student Information

Last: _____ First: _____ Middle: _____ Suffix: _____

Gender: _____ Nickname: _____

Date of Birth: _____ Entry Grade Level _____ Home Language _____

Physical Address: _____

Town, State, Zip: _____

Mailing Address: _____

Town, State, Zip: _____

Home Phone: _____ Email: _____

District of Residence: RSU 22 Other: _____

Resident Town: ☐ (157) Frankfort ☐ (186) Hampden ☐ (295) Newburgh ☐ (483) Winterport

Country of Residence: _____ Country of Citizenship: _____

In this household, child lives with (check only one).

Both Parents ☐

Mother ☐

Mother and Step parent ☐

Other: ☐

Father ☐

Father and Step parent ☐

Foster Parent(s) / Guardian(s) ☐

Relationship: _____

Information for Parent / Guardian #1

Relationship: _____ Legal Custody? Y ☐ N ☐ Allowed to Pick Up at school? Y ☐ N ☐

(If the answer is **NO** to either of the above questions, court documentation is required.)

Last, First: _____ Email Address: _____

Physical Address: _____

Town, State, Zip: _____

Mailing Address: _____

Town, State, Zip: _____

Home Phone: _____ Cell: _____

Employer: _____ Work Phone: _____

Information for Parent / Guardian #2

Relationship: _____ Legal Custody? Y ☐ N ☐ Allowed to Pick Up at school? Y ☐ N ☐

(If the answer is **NO** to either of the above questions, court documentation is required.)

Last, First: _____ Email Address: _____

Physical Address: _____

Town, State, Zip: _____

Mailing Address: _____

Town, State, Zip: _____

Home Phone: _____ Cell: _____

Employer: _____ Work Phone: _____

Emergency Contact Information

(In the event of a student emergency, the following may pick my student up from school and make dismissal arrangements)

Contact 1 _____ Relationship _____

Phone: Home _____ Work _____ Cell _____

Contact 2 _____ Relationship _____

Phone: Home _____ Work _____ Cell _____

Contact 3 _____ Relationship _____

Phone: Home _____ Work _____ Cell _____

Medical Information:

Has your child received Child Development Services (CDS)? ☐ Yes ☐ No

Is your child presently receiving Special Education (IEP) services? ☐ Yes ☐ No

Is your child presently receiving Chapter 504 services? ☐ Yes ☐ No

Guardianship, Custody, Emancipation Documents

☐ If a custodial parent/guardian wishes RSU 22 schools to comply with the provisions of a court order regarding custody, residency, restricted access to a child or school records, a copy of the court order must be attached.

☐ If the student is an emancipated minor, a copy of the court order must be attached.

☐ If there is a Protection of Abuse order in effect, a copy must be attached.

Enrollment Information:

Maine Migrant Education Program Survey

Please fill out completely to find out if your child may qualify for our free services such as: tutoring, free lunch, 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

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

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.

☐ Active Duty

☐ Full-time National Guard

☐ Part-time National Guard

☐ Not Military Connected

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

Home Language Survey (Please do not leave any questions unanswered.)

What language(s) did your child first speak or understand? _____

What language(s) does your child most easily speak and understand? _____

What language(s) do those who interact with your child frequently use with your child? _____

Immigrant Information

Immigrant ☐ US School Entry Date: _____

Refugee ☐

Ethnicity

Is student Hispanic/Latino: ☐ Yes ☐ No

Check all that apply:

☐ American Indian/Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

For Pre-K & Kindergarten Enrollments

Enter number of days per week your child attended:

_____ Daycare

_____ Pre-K/4-Year Old Program

_____ Head Start

_____ Nursery School Which one? _____

Signature (mother, father, guardian, foster parent)

Date

Annual Health Report

Dear Parents/Guardians,

In order for us to keep your child's health record up to date, we would like you to provide the following information:

Child's Name _____ Date of Birth: _____ Grade _____

For Parents of High School Students Only:

Do you wish your child to be given any of the following per request from a stock bottle in the nurse's office?

Acetaminophen (Tylenol) ☐ Yes ☐ No Ibuprofen (Advil) ☐ Yes ☐ No

Date of most recent visit to:

Family doctor: ____/____/____ Name of doctor: _____ Phone #: _____

Immunization/booster in the last year? Yes ☐ No ☐ (If yes, please list type and date)

Type: _____ Date: _____

Eye doctor: ____/____/____ Name of eye doctor: _____ New glasses or contacts? _____

Accidents/illnesses/surgeries within past year: _____

Please list any medication your child takes regularly: _____

If it is medically necessary for your child to have medication administered at school, please contact the school nurse so a medication permit can be sent home for the parent and doctor signature.

Please check the following conditions that apply to the student (if they are changes). Include a brief explanation and any dates where appropriate in the space below. Please notify your school nurse with any concerns/questions. Thank you.

- ☐ ADD/ADHD
- ☐ Allergic to bee stings
mild ☐ moderate ☐ severe ☐ (check one)
- ☐ Allergic to food (list below)
mild ☐ moderate ☐ severe ☐
- ☐ Allergic to medication (list below)
- ☐ Allergic to other (list below)
- ☐ Arthritis
- ☐ Asthma
- ☐ Birth defect/Chromosome disorder
- ☐ Blood Disorder
- ☐ Blood/ Blood Products not given
- ☐ Cancer/Leukemia
- ☐ Cerebral Palsy
- ☐ Color blind
- ☐ Cystic Fibrosis
- ☐ Diabetes

- ☐ Fainting
- ☐ Head injury/concussions
- ☐ Heart Disease/ Defect
- ☐ Kidney disorder
- ☐ Lice
- ☐ Menstrual cramps(severe)
- ☐ Mental health issues
- ☐ Muscular Dystrophy
- ☐ Migraine headaches
- ☐ Nosebleeds (frequent)
- ☐ Osgood- Schlatter's Disorder
- ☐ Physical activity limitations
- ☐ Rheumatic Fever History
- ☐ Scoliosis
- ☐ Seizures
- ☐ Other (list below)
- ☐ No known health problems

Explain: _____

It may be necessary to share health information with your child's teacher and/or coach (either verbally, in written form, or by e-mail) to ensure their safety and welfare. Please give your consent to the sharing of pertinent health information by signing below (if you have questions or concerns about this, please do not hesitate to call):

Parent/Guardian Signature _____ Today's date _____

PLEASE NOTE: If you think that your child's medical condition necessitates accommodations in school, please send in a doctor's note documenting this diagnosis to the school nurse.