

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:

Holden Elementary School
590 Main Rd.
Holden, Maine 04429

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	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 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

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

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 _____ 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: _____

RSU 63 Health Update

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:** _____

Optional-Dental-Prevention Works 2025-2026

IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE OR THEY ALREADY HAVE A DENTIST-DO NOT FILL OUT THIS FORM.

A Dental Hygienist will see your child during school hours (twice per year) to provide: oral screening, dental cleaning, fluoride varnish, oral hygiene instructions, sealants, temporary fillings and/or Silver Fluoride (SF.) SF is used to temporarily manage cavities until your child is able to see a dentist for permanent fillings. When cavities are treated with SF, the tooth will turn dark, which is a good indication that the infection in the tooth is dying. If you DO NOT want SF used, please check this box ☐ **IF YOU WANT YOUR CHILD TO BE SEEN-THE ENTIRE FORM MUST BE COMPLETED OR IT WILL BE RETURNED TO YOU TO COMPLETE. THIS PROGRAM DOES NOT REPLACE AN EXAM BY A DENTIST.**

FULL NAME OF STUDENT- PLEASE PRINT CLEARLY: _____ GENDER: _____

DATE OF BIRTH: _____ - _____ - _____ SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMERGENCY #: _____

PLEASE PROVIDE THE REQUESTED INFORMATION BELOW, AS IT MAY BE NEEDED IN CASE OF EMERGENCY. IF THERE ARE NONE-PLEASE PUT N/A

MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS: _____

ALLERGIES: _____

Do you have any dental questions/concerns? _____

Has your child seen a dentist or hygienist? Yes ___ No ___ Date of last visit: _____

Dentist's Name or location of last visit: _____

IF YOU WOULD LIKE TO BE SELF PAY-you will be contacted by Prevention Works before your child's visit to discuss services, cost, payment procedure.

☐ 12 or younger-\$55 (includes cleaning & fluoride varnish)

☐ 13 or older-\$65 ((includes cleaning & fluoride varnish)

☐ Sealants- \$20 per tooth (usually recommend on 6 and 12 year molar teeth)

WE WILL ACCEPT THE FOLLOWING DENTAL INSURANCE: MAINECARE, DELTA DENTAL, UNITED HEALTHCARE, CIGNA, AND PATIENTS ADVOCATES.

PLEASE FILL OUT INSURANCE SECTION ENTIRELY. A COPY OF BOTH SIDES OF THE INSURANCE CARD IS HELPFUL.

DENTAL INSURANCE: _____ PLEASE PRINT CLEARLY

Company Name: _____ Policy/ ID # _____ Group: _____

Subscriber's Name _____ Subscriber's date of birth ____/____/____

Subscriber's Address _____

Insurance company provider line phone number: _____

I hereby give permission for my child to be seen throughout the school year. I understand that Prevention Works is HIPPA compliant and all records are kept confidential and that claims to MaineCare insurance will be electronically transferred. **By signing below, you are giving Prevention Works authorization to share medical/dental information with other healthcare professionals.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Stephanie McLean, principal smclean@rsu63.org
Heather Kiley, secretary hkiley@rsu63.org
Dodie Smith, social worker dsmith@rsu63.org
Dawna Bickford, school nurse dbickford@rsu63.org

590 Main Road | Holden, ME 04429 | P: 207-843-7828 | F: 207-843-4329

Dear Parent/Guardian:

School meals will be available to students at no charge this year, regardless of household income. However, we ask that families still complete a Household Application for Free and Reduced Price School Meals as this provides data for key funding for academic resources and may also connect your family to additional benefits. To apply, complete the enclosed *Household Application for Free and Reduced Price School Meals* and return to: Your child's school or the district office at RSU #63 202 Kidder Hill Rd., Holden, ME 04429. A new application must be submitted each school year.

Our school offers healthy meals every school day. Meals meet nutrition standards established by the U.S. Department of Agriculture. If a child has a disability, as determined by a licensed medical authority, and the disability prevents the child from eating the regular school meal, substitutions may be made as prescribed by a licensed medical authority. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution, unless it meets the definition of disability and supported by a complete medical statement form signed by the local medical authority.

Who can get free or reduced-price school meals? Any student enrolled in a Maine public school can get a complete school meal at no charge!

Will information on my application be kept confidential? We will use the information on your form to decide if your child is eligible for free or reduced-price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

How do I know if my children qualify as homeless, migrant, or runaway? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Sheila Caldwell, scaldwell@rsu63.org.

Do I need to fill out an application for each child? No. Use one Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

My child's application was approved last year. Do I need to fill out a new one? Yes. A new application must be submitted each school year unless the school told you that your child is eligible for the new school year.

Will the form be verified? Your eligibility may be checked at any time during the school year. School officials may ask you to send written evidence.

Can I complete the Application for Free and Reduced Price Schools Meals later? Yes, but we request that the application is completed by 9/15/25, so that our offices can submit family income data and apply to receive grants and academic funding.

Should I complete the application if someone in my household is not A U.S. citizen? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

What if my income is not always the same? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

What if some household members have no income to report? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

We are in the military. Do we report our income differently? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

What if there isn't enough space on the application for my family? List any additional household members on a separate piece of paper and attach it to your application.

My family needs more help. Are there other programs we might apply for? One main reason we are emphasizing the importance of the Meal Benefit Application is because it may connect you to other benefits—such as Pandemic EBT funds. For information about Food Supplement, Health Care, Cash Assistance and/or apply for Maine's Child Care Subsidy, go to [My Maine Connection](#) found online at <https://www1.maine.gov/benefits/account/login.html>. For low cost health insurance information, contact Consumers for Affordable Health Care (CAHC) at 1-800-965-7476.

If you have other questions or need help, call **207-843-7851**.

Sincerely,
RSU#63 School Administrator

School Year 2026 Income Guidelines for Reduced Price Meals Reduced Income Guidelines	
Household Size	Monthly
1	\$2,413
2	\$3,261
3	\$4,109
4	\$4,957
5	\$5,805
6	\$6,653
7	\$7,501
8	\$8,349
Each additional	\$848

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) **fax:** (833) 256-1665 or (202) 690-7442; or
- (3) **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin. Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.
(Federal Statement Revised

HOUSEHOLD APPLICATION FOR FREE & REDUCED PRICE SCHOOL MEALS – SY2026
Complete one application per household. Return completed form to: Holden School-RSU #63

STEP 1: STUDENT INFORMATION List ALL students living in the household.

			Foster Child	Homeless/Migrant
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student Last Name	Student First Name	School		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student Last Name	Student First Name	School		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student Last Name	Student First Name	School		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Student Last Name	Student First Name	School		

STEP 2: ASSISTANCE PROGRAMS Do any household members (including you) participate in SNAP, TANF or FDIPIR?

☐ No → Go to STEP 3. ☐ Yes → Write name and SNAP/TANF number here and skip to STEP 4.

Name: _____ _____ ☐
SNAP or TANF Number

Letter

STEP 3: HOUSEHOLD INCOME List all household members including yourself & students listed above. List gross income for each person. By entering '0' or leaving blank, you certify (promising) there is no income to report.

<i>Names</i>	<i>Gross Income</i>															
All Household Members (including students listed above)	Earnings from Work before deductions					Public Assistance, Child Support, Alimony received					Pensions, Retirement, Social Security, All Other Income					
		Weekly	Every 2 weeks	2 times/month	Monthly		Weekly	Every 2 weeks	2 times/month	Monthly		Weekly	Every 2 weeks	2 times/month	Monthly	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL HOUSEHOLD SIZE: (REQUIRED)																

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER *(required)*

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

Signature of Adult: _____ Last 4 Digits of Social Security Number: ____ I do not have a Social Security Number ☐

Printed Name: _____ Phone: _____ Email: _____

Address: _____ Date: _____

* FOR SCHOOL USE ONLY *

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: _____ Household Size: _____ Free _____ Reduced _____ Denied _____ Categorically eligible free: _____

Determining Official's Signature: _____ Date: _____

Verification - Confirming Official's Signature: _____ Date: _____

STEP 5: *Optional* CHILDREN'S ETHNIC and RACIAL IDENTITIES You are **not required** to answer this question.

Mark one ethnic identity:

- ☐ Hispanic or Latino
Native
☐ Not Hispanic or Latino
Pacific Islander

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska
☐ White ☐ Native Hawaiian or Other
☐ Black or African American ☐ Other

NOTIFICATION OF ELIGIBILITY

DATE:

Dear Parent/Guardian:

Your application for free or reduced price meals for your child(ren) has been:

- ☐ Approved for applicable programs listed below (check all that apply)

☐ Free Lunches

☐ Free Breakfasts

☐ Free After School Snacks

☐ Reduced price lunches at \$_____ per meal

☐ Reduced price breakfast at \$_____ per meal

☐ Reduced price After School Snacks at \$_____ per snack

- ☐ Denied because:

☐ Household income is over the amount allowable.

☐

The

application

is

missing _____.

- ☐ Other _____.

You may appeal this decision by contacting the Hearing Official, _____ at 207843-7851

Sincerely,

[Approving Officer]

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) **fax:**
(833) 256-1665 or (202) 690-7442; or
- (3) **email:**
program.intake@usda.gov

This institution is an equal opportunity provider

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(Federal Statement Revised 5/2022)

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS

STEP 1: STUDENT INFORMATION

- (a) List all students living in the household.
 - (b) Include the name of the school they attend (if known).
 - (c) If the student is a foster child, mark the 'foster child' box next to the child's name. If you are ONLY applying for a student who is a foster child, complete Step 1 and proceed to Step 4. If you are applying for foster children and non-foster children, go to Step 3. Adopted children are not considered foster children.
 - (d) If you believe the student is Homeless or Migrant, check the 'Homeless/Migrant' box next to the child's name and complete the rest of the application. Homeless and migrant status must be confirmed with the appropriate program staff. If the school district cannot confirm this status, the school district may contact you.
-

STEP 2: ASSISTANCE PROGRAMS

- (a) If no one in your household participates in SNAP, TANF or FDPIR, check 'No' and proceed to Step 3.
 - (b) If anyone in your household participates in SNAP, TANF or FDPIR, check 'Yes' and write in the case number and name of the person receiving these benefits. Skip step 3. An adult household member must sign the form in Step 4 but does not have to list a social security number.
-

STEP 3: HOUSEHOLD INCOME

- (a) Write the names of each person living in your household including yourself and the students listed in step 1. A household is a person(s) living together that shares income and expenses, even if not related.
 - (b) Write the amount of gross income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column.
 - (c) Check the box for how often each income is received.
 - (d) If self-employed, list income from your business as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross revenue.
 - (e) Entering \$0 or leaving any income field blank is a positive indication there is no income to report.
 - (f) Report total household size. This number must equal the number of household members listed in section 3.
-

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

The form **must** have the **signature** of an adult household member.

- (a) The adult household member who signs must include the **last four digits of his/her social security number**. *If he/she does not have a social security number, check the appropriate box. A social security number is not needed if you listed a SNAP or TANF case number or if you are applying for a foster child.*
-

STEP 5: CHILDREN'S ETHNIC and RACIAL IDENTITIES *Optional* – This field is optional and does not affect your child's eligibility for free or reduced meals. You are not required to answer this question, but completion of this information will help ensure everyone is treated fairly.

INCOME TO REPORT

Earnings from Work	<i>Public Assistance/Child Support/Alimony Received</i>	Pensions/Retirement/Social Security & Other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business) If you are in the military: -Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Social Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities-Investment income -Earned interest -Rental income -Regular cash payments from outside household

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,

Nancy Mullins
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
sol.rheem@maine.gov
(207) 530-1807

2025-2026 GENERAL FIELD TRIP PERMISSION – HOLDEN 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

2025-2026 PUBLISHING PERMISSION – HOLDEN 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 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 – HOLDEN SCHOOL

Holden 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

~~~~~

## 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: \_\_\_\_\_

Maine School Management Association

49 Community Drive

Augusta, ME 04330

800-660-8484

TO: Maine School Superintendents and Business Managers

FROM: Maine School Management Association

DATE: July 30, 2024

RE: MSMA Student Accident Program 2024-2025

Maine School Management Association Student Insurance plan offers \$25,000 for Student Accident Medical Insurance protection through AXIS and administered by ALIVE Risk.

**Who can enroll:**

- full time registered students K-12
- teachers
- administrative and other personnel

**Coverage options include:**

- 24 Hour Accident Coverage - \$50.00
  - School Time Coverage (*includes interscholastic sports – NOT including football*) - \$11.00
  - Football – Grade 9 - \$150.00
  - Football – Grades 10-12 - \$250.00
  - Optional Dental - \$8.00
-

Click [here](#) to find AXIS brochure and learn more about:

- highlights, terms and conditions
- enrollment starts **August 16, 2024**
- **NEW** online enrollment process at [www.aliverisk.com/StudentAccidentEnrollment](http://www.aliverisk.com/StudentAccidentEnrollment)
- payment process

**For questions, inquiries, and information contact:**

- ALIVE Risk
- [contact@aliverisk.com](mailto:contact@aliverisk.com)
- 800.366.5810 X52128

Maine School Management Association  
49 Community Drive  
Augusta, ME 04330  
Direct Line 207-622-3473  
Fax 207-626-2968  
[www.msmaweb.com](http://www.msmaweb.com)

APPROVED MARCH 31, 2025

## RSU #63 2025-2026 School Calendar

| JULY |    |    |    |    |    |    |
|------|----|----|----|----|----|----|
| S    | M  | T  | W  | TH | F  | S  |
|      |    | 1  | 2  | 3  | H  | 5  |
| 6    | 7  | 8  | 9  | 10 | 11 | 12 |
| 13   | 14 | 15 | 16 | 17 | 18 | 19 |
| 20   | 21 | 22 | 23 | 24 | 25 | 26 |
| 27   | 28 | 29 | 30 | 31 |    |    |

| AUGUST                                    |    |    |    |    |    |    |
|-------------------------------------------|----|----|----|----|----|----|
| S                                         | M  | T  | W  | TH | F  | S  |
|                                           |    |    |    |    | 1  | 2  |
| 3                                         | 4  | 5  | 6  | 7  | 8  | 9  |
| 10                                        | 11 | 12 | 13 | 14 | 15 | 16 |
| 17                                        | 18 | FX | FX | FX | N  | 23 |
| 24                                        | P  | P  | FD | 28 | 29 | 30 |
| 31                                        |    |    |    |    |    |    |
| Student Days = 3<br>Teacher Days = 6      |    |    |    |    |    |    |
| First Day School: August 27th             |    |    |    |    |    |    |
| FX: Teacher Classroom Flex Day: 8/19-8/21 |    |    |    |    |    |    |

| SEPTEMBER                              |    |    |    |    |    |    |
|----------------------------------------|----|----|----|----|----|----|
| S                                      | M  | T  | W  | TH | F  | S  |
|                                        | H  | 2  | 3  | 4  | 5  | 6  |
| 7                                      | 8  | 9  | 10 | 11 | 12 | 13 |
| 14                                     | 15 | 16 | 17 | 18 | 19 | 20 |
| 21                                     | 22 | 23 | 24 | 25 | 26 | 27 |
| 28                                     | 29 | 30 |    |    |    |    |
| Student Days = 21<br>Teacher Days = 21 |    |    |    |    |    |    |

Open House at all  
Schools is on August  
25th from 4pm to 6pm

| OCTOBER                                |    |    |    |    |    |    |
|----------------------------------------|----|----|----|----|----|----|
| S                                      | M  | T  | W  | TH | F  | S  |
|                                        |    |    | 1  | 2  | 3  | 4  |
| 5                                      | 6  | 7  | 8  | 9  | P  | 11 |
| 12                                     | H  | 14 | 15 | 16 | 17 | 18 |
| 19                                     | 20 | 21 | 22 | 23 | 24 | 25 |
| 26                                     | 27 | 28 | 29 | 30 | 31 |    |
| Student Days = 22<br>Teacher Days = 22 |    |    |    |    |    |    |

| NOVEMBER                                             |     |     |    |    |    |    |
|------------------------------------------------------|-----|-----|----|----|----|----|
| S                                                    | M   | T   | W  | TH | F  | S  |
|                                                      |     |     |    |    |    | 1  |
| 2                                                    | 3   | 4   | 5  | 6  | 7  | 8  |
| 9                                                    | 10  | H   | 12 | 13 | 14 | 15 |
| 16                                                   | 17  | 18  | 19 | 20 | 21 | 22 |
| 23                                                   | ER* | ER* | X  | H  | H  | 29 |
| 30                                                   |     |     |    |    |    |    |
| Student Days = 15<br>Teacher Days = 16 (+1 X)        |     |     |    |    |    |    |
| *Parent Teacher Conferences:<br>November 24th & 25th |     |     |    |    |    |    |

| DECEMBER                               |    |    |    |    |    |    |
|----------------------------------------|----|----|----|----|----|----|
| S                                      | M  | T  | W  | TH | F  | S  |
|                                        | 1  | 2  | 3  | 4  | 5  | 6  |
| 7                                      | 8  | 9  | 10 | 11 | 12 | 13 |
| 14                                     | 15 | 16 | 17 | 18 | 19 | 20 |
| 21                                     | 22 | 23 | V  | H  | V  | 27 |
| 28                                     | V  | V  | V  |    |    |    |
| Student Days = 17<br>Teacher Days = 17 |    |    |    |    |    |    |

176 Pupil Days  
8 Early Release Days  
6 Professional Days  
1 (Teacher) Exchange Day  
1 (Teacher) Classroom  
Flex Day

| JANUARY                                |    |    |    |    |    |    |
|----------------------------------------|----|----|----|----|----|----|
| S                                      | M  | T  | W  | TH | F  | S  |
|                                        |    |    |    | H  | V  | 3  |
| 4                                      | 5  | 6  | 7  | 8  | 9  | 10 |
| 11                                     | 12 | 13 | 14 | 15 | ER | 17 |
| 18                                     | H  | 20 | 21 | 22 | 23 | 24 |
| 25                                     | 26 | 27 | 28 | 29 | 30 | 31 |
| Student Days = 19<br>Teacher Days = 19 |    |    |    |    |    |    |

| FEBRUARY                               |    |    |    |    |    |    |
|----------------------------------------|----|----|----|----|----|----|
| S                                      | M  | T  | W  | TH | F  | S  |
| 1                                      | 2  | 3  | 4  | 5  | 6  | 7  |
| 8                                      | 9  | 10 | 11 | 12 | 13 | 14 |
| 15                                     | H  | V  | V  | V  | V  | 21 |
| 22                                     | 23 | 24 | 25 | 26 | 27 | 28 |
| 29                                     |    |    |    |    |    |    |
| Student Days = 15<br>Teacher Days = 15 |    |    |    |    |    |    |

| MARCH                                  |    |    |    |    |    |    |
|----------------------------------------|----|----|----|----|----|----|
| S                                      | M  | T  | W  | TH | F  | S  |
| 1                                      | 2  | 3  | 4  | 5  | 6  | 7  |
| 8                                      | 9  | 10 | 11 | ER | P  | 14 |
| 14                                     | 16 | 17 | 18 | 19 | 20 | 21 |
| 22                                     | 23 | 24 | 25 | 26 | 27 | 28 |
| 29                                     | 30 | 31 |    |    |    |    |
| Student Days = 21<br>Teacher Days = 22 |    |    |    |    |    |    |

Progress/Report  
Cards Out  
December 5, 2025  
March 27, 2026  
Last Day of School - mailed home

| APRIL                                  |    |    |    |    |    |    |
|----------------------------------------|----|----|----|----|----|----|
| S                                      | M  | T  | W  | TH | F  | S  |
|                                        |    |    | 1  | 2  | 3  | 4  |
| 5                                      | 6  | 7  | 8  | 9  | 10 | 11 |
| 12                                     | 13 | 14 | 15 | 16 | 17 | 18 |
| 19                                     | H  | V  | V  | V  | V  | 25 |
| 26                                     | 27 | 28 | 29 | 30 |    |    |
| Student Days = 17<br>Teacher Days = 17 |    |    |    |    |    |    |

| MAY                                    |    |    |    |    |    |    |
|----------------------------------------|----|----|----|----|----|----|
| S                                      | M  | T  | W  | TH | F  | S  |
|                                        |    |    |    |    | 1  | 2  |
| 3                                      | 4  | 5  | 6  | 7  | P  | 9  |
| 10                                     | 11 | 12 | 13 | 14 | 15 | 16 |
| 17                                     | 18 | 19 | 20 | 21 | 22 | 23 |
| 24                                     | H  | 26 | 27 | 28 | 29 | 30 |
| 31                                     |    |    |    |    |    |    |
| Student Days = 19<br>Teacher Days = 20 |    |    |    |    |    |    |

| JUNE                                 |    |    |      |      |      |    |
|--------------------------------------|----|----|------|------|------|----|
| S                                    | M  | T  | W    | TH   | F    | S  |
|                                      | 1  | 2  | 3    | 4    | 5    | 6  |
| 7                                    | 8  | LD | LDSD | LDSD | LDSD | 13 |
| 14                                   | PA | 16 | 17   | 18   | H    | 20 |
| 21                                   | 22 | 23 | 24   | 25   | 26   | 27 |
| 28                                   | 29 | 30 |      |      |      |    |
| Student Days = 7<br>Teacher Days = 8 |    |    |      |      |      |    |

| Key  |                                                   |
|------|---------------------------------------------------|
| N    | New Staff Day                                     |
| FD   | First Day Students                                |
| V    | Vacation Day                                      |
| H    | Holiday                                           |
| ER   | Early Release                                     |
| X    | Exchange Day                                      |
| P    | Professional Day                                  |
| FX   | Teacher Flex Day                                  |
| LD   | Last Day of School - Early Release (No Snow Days) |
| LDSD | Last Days of School with 3 Built-In Snow Days     |
|      | Chris Greeley Day of Service                      |

End of Trimester:  
November 21, 2025  
March 12, 2026  
June 8, 2026

\*Parent Teacher Conferences  
November 24 1:00pm-6:00pm All Schools  
November 25 1:00pm-6:00pm All Schools

3 Snow Days are included. Tentative last day  
if June 12, 2026. Professional Day will be  
June 15, 2026.  
If there are no snow days, the last day will be  
June 9, 2026 and Professional Day will be  
June 10, 2026.