

New Student Registration Requirements
Morse Street School
2025-2026

Please complete the following forms:

- Transfer of Pupil Records
- Registration Form
- Permission, Policy , Emergency Contacts
- Military Identifier
- Home Language Survey (required by the 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

Informational Forms:

- The Family Educational Rights and Privacy Act
- Firearm Safety Information
- Morning Drop-Off Procedure
- School Year Calendar
- Volunteer Application

**RSU NO. 5
Durham – Freeport - Pownal**

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:

**Morse Street School
21 Morse Street
Freeport, ME 04032
(207) 865-6361
Fax: (207) 865-2903**

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 the 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 be provided.

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

Signature of Parent/Legal Guardian

Name(s) of
child/children

Name and address of
school last attended

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 2025-2026

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

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 2025-2026















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

RSU NO. 5 CONSENT TO RELEASE PREK-8 STUDENT INFORMATION

25/26

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. RSU No. 5 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**

2025-2026 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.

**PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE
WITHIN ONE WEEK**

**Durham - Freeport - Pownal
Health Requirements for Registration**

(A signature is required on all registrations for Pre-K, Kindergarten and Transfer Students)

Name of Student _____ Entering Grade _____

Maine law states upon enrollment you must provide a copy of the student's current
IMMUNIZATION RECORD with documented vaccine dates.

<u>Number of Doses</u>		<u>IMMUNIZATIONS REQUIRED</u>	
<u>Pre-K</u>	<u>K-12</u>		
4	5	DPT	(4 If the 4th dose is given after the 4th birthday)
3	4	OPV	(3 if the 3rd dose is given after the 4th birthday)
1	2	MMR	(1st dose given on or after the 1st birthday)
1	2	Varicella	(vaccine date, disease date, or blood test)
	1	TDAP	(Prior to entering 7th grade)
	2	MCV4	(1st dose prior to 7th grade and 2nd prior to 12th grade)

A student who does not meet these requirements **MAY NOT ATTEND SCHOOL** until they provide a signed **MEDICAL EXEMPTION** from a medical doctor, nurse practitioner, physician assistant, or doctor of osteopathy, licensed in the State of Maine, stating that the immunization is *medically inadvisable*.

Additional Health Forms To Be Completed:

- **STUDENT HEALTH HISTORY / MEDICATION PERMISSION FORM** completed annually by parent/guardian for all students (or complete the demographic/health update in PowerSchool annually).
- **STUDENT PHYSICAL EXAM FORM** - completed & signed by MD, DO, NP, or PA. Students entering Pre-K, Kindergarten, 3rd, 6th, and 9th and every 2 years at FHS & all Transfer students.
- **ALLERGY / ASTHMA / DIABETES / SEIZURE plan** updated annually for those diagnosed with those conditions.

I understand that I am giving written assurance that my child will be immunized within 90 days of enrolling in school or their first day of school whichever is earlier or they will have a medical exemption in writing. 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



Student Physical & Athletic Exam

Code: JHPE-E

For students entering PreK, K, 3rd, 6th, and every 2 years at FHS, and transfer students
Completed by: Medical Doctor, Doctor of Osteopathy, Nurse Practitioner, or Physician Assistant

Student Name: _____ DOB: _____ Grade: _____

IMMUNIZATIONS

Please attach a complete Immunization Record with this form.

If student requires a medical exemption for immunizations please submit documentation to school nurse

Student has a documented history of Chickenpox Disease? No Yes (If yes, Date: _____)

Medication at Home			Medication at School			
This student is on long-term medication <input type="checkbox"/> Yes <input type="checkbox"/> No			Medication	Dose	Time	Frequency
Please specify:						
B/P	Pulse	RR	This student has the knowledge and skill to carry and self-administer this medication. Yes <input type="checkbox"/> No <input type="checkbox"/>			
HT	WT	BMI				

Eye exam completed: Pass Fail Referred for follow-up vision care? Yes No

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

Chronic Disease Mobility Hearing Vision Behavioral/Social/Emotional Speech/Language

Additional Information: _____

Please list any allergies, sensitivities, or 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 a 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)

Upon entering 9th grade or transferring into FHS, your child's Physical Exam is valid for 2 years from the date of examination. Please be prepared to turn in a new form every 2 years from the date of the last physical.

Signature of Health Care Provider

Name/Group Practice (Please Print)

Phone

Date



Durham - Freeport - Pownal RSU5 Health Record Requirements

- The **STUDENT HEALTH HISTORY / MEDICATION PERMISSION FORM** completed annually by parent/guardian for all students (or complete the demographic/health update in PowerSchool annually).
- Current **IMMUNIZATION RECORD**
- The **STUDENT PHYSICAL EXAM FORM** - completed & signed by MD, DO, NP, or PA.
Students entering Pre-K, Kindergarten, 3rd, 6th, and 9th and every 2 years at FHS & all Transfer students. Upon entering 9th grade or transferring into FHS, a Physical Exam is valid for 2 years from the date of examination and will serve as the athletic clearance.
- **ALLERGY / ASTHMA / DIABETES / SEIZURE plan** updated annually for those diagnosed with those conditions.

If you are unable to meet these requirements because of financial, religious, or other considerations, or if you have any questions/concerns that you would like to discuss, please don't hesitate to contact your building school nurse:

HEALTH SERVICES TEAM

Freeport High School

Phone: 207-865-4706 x4

Fax: 207-865-2900

Emily Guyer RN, BSN, NCSN
guyere@rsu5.org

Freeport Middle School

Phone: 207-865-6051

Fax: 207-865-2902

Maureen Erskine RN, BSN, NCSN
erskinem@rsu5.org

Durham Community School

Phone: 207-353-8249

Fax: 207-353-2731

Kim Gormely RN, BSN
gormelyk@rsu5.org

Mast Landing School

Phone: 207-865-4561 x2

Fax: 207-865-2909

Erika Skiff RN, BSN
skiffe@rsu5.org

Morse Street School

Phone: 207-865-6361 x2

Fax: 207-865-2903

Brooke Rich RN, BSN, MED
richb@rsu5.org
Shannon Sampson RN, BSN
sampsons@rsu5.org

Pownal Elementary School

Phone: 207-688-4832 x16

Fax: 207-688-4872

Jessica McCurdy RN, BSN
mccurdyj@rsu5.org

**RSU NO. 5 SCHOOL DEPARTMENT
17 WEST STREET
FREEPORT, ME 04032**

**ANNUAL NOTICE OF STUDENT EDUCATION RECORDS AND INFORMATION
RIGHTS**

The Family Educational Rights and Privacy Act ("FERPA") provides certain rights to parents and eligible students (18 years of age or older) with respect to the student's education records.

A. Inspection of Records

Parents/eligible students may inspect and review the student's education records within 45 days of making a request. Such requests must be submitted to the Superintendent or building administrator in writing and must identify the record(s) to be inspected. The Superintendent or building administrator will notify the parent/eligible student of the time and place where the record(s) may be inspected in the presence of school staff. Parents/eligible students may obtain copies of education records at a cost of \$.10 per page.

B. Amendment of Records

Parents/eligible students may ask the School Department to amend education records they believe are inaccurate, misleading or in violation of the student's right to privacy. Such requests must be submitted to the Superintendent or building administrator in writing, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the Superintendent or building administrator decides not to amend the record as requested, the parent/eligible student will be notified of the decision, their right to request a hearing and information about the hearing process.

C. Disclosure of Records

The School Department must obtain a parent/eligible student's written consent prior to disclosure of personally identifiable information in education records except in circumstances permitted by law or regulations as summarized below.

1. Directory Information

The School Department designates the following student information as directory information that may be made public at its discretion: name, participation and grade level of students in officially recognized activities and sports, height and weight of student athletes, dates of attendance in the school unit, honors and awards received, and photographs and videos relating to student participation in school activities open to the public (except photographs and videos on the Internet). Parents/eligible students who do not want the School Department to disclose directory information must notify the Superintendent in writing by September 15th or within thirty (30) days of enrollment, whichever is later. This opt-out request will remain in effect unless and until it is rescinded.

2. Military Recruiters/Institutions of Higher Education

Military recruiters and institutions of higher education are entitled to receive the names, addresses and telephone numbers of secondary students and the School Department must comply with any such request,

provided that parents have been notified of their right to request that this information not be released without their prior written consent. Parents/eligible students who do not want the School Department to disclose this information without their prior written consent must notify the Superintendent in writing by September 15th or within thirty (30) days of enrollment, whichever is later.

3. School Officials with Legitimate Educational Interests

Education records may be disclosed to school officials with a "legitimate educational interest." A school official has a legitimate educational interest if he/she needs to review an education record in order to fulfill his/her professional responsibility. School officials include persons employed by the School Department as an administrator, supervisor, instructor or support staff member (including health or medical staff and law enforcement unit personnel); members of the Board of Education; persons or companies with whom the School Department has contracted to provide specific services (such as attorneys, auditors, medical consultants, evaluators or therapists); and volunteers who are under the direct control of the School Department with regard to education records.

4. Health or Safety Emergencies

In accordance with federal regulations, the School Department may disclose education records in a health or safety emergency to any person whose knowledge of the information is necessary to protect the health or safety of the student or other individuals without prior written consent.

5. Other School Units

As required by Maine law, the School Department sends student education records to a school unit to which a student applies for transfer, including disciplinary records, attendance records, special education records and health records (except for confidential health records for which consent for dissemination has not been obtained).

6. Other Entities/Individuals

Education records may be disclosed to other entities and individuals as specifically permitted by law. Parents/eligible students may obtain information about other exceptions to the written consent requirement by request to the Superintendent or building administrator.

D. Complaints Regarding School Department Compliance with FERPA

Parents/eligible students who believe that the School Department has not complied with the requirements of FERPA have the right to file a complaint with the U.S. Department of Education. The office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Adopted: July 8, 2009



Regional School Unit 5
Durham · Freeport · Pownal

"To inspire and support every learner by challenging minds, building character, sparking creativity, and nurturing passions."

Tom Gray, Superintendent of Schools
Kelly Wentworth, Director of Finance & Human Resources

Erica Mazzeo, Assistant Superintendent of Schools
Elisha Morris, Director of Instructional Support

Dear RSU 5 Families, Guardians, and Caregivers,

Since 2018, there have been more than 100 school shooting incidents per year in our country and those numbers have steadily increased. In addition, nearly 20 percent of all childhood deaths are caused by firearms. Proper firearm storage is one preventative action we can take to keep members of our school community safe. When firearms are stored safely, it can help prevent them from getting into the hands of children and teens, who may use them, intentionally or unintentionally, to harm themselves or others.

On July 1, 2021 the state of Maine amended the child endangerment laws to include unauthorized access to firearms for children under 16. The intention of the law is to protect children from death and injury from loaded firearms by enforcing the use of safe storage. Individuals found in violation of the law can face criminal charges.

Effective firearm storage practices include:

- Safely storing unloaded firearms in a tamper proof locked cabinet, box, safe, firearm vault, or storage case that children or other unauthorized adults cannot access.
- Safely storing ammunition in a separate, tamper-proof locked cabinet, safe, firearm vault, or storage case that children or other unauthorized adults cannot access.
- Securing firearms using trigger locks or cable locks to prevent a firearm from firing.

Recognizing that safe firearm storage can help prevent and minimize the risk of firearm-related deaths and injuries, the RSU 5 Board of Directors adopted the Secure Storage Notification Resolution on June 15, 2022. RSU 5 remains committed to helping ensure the safety of our students and community.

Together, we can help to reduce the risk that weapons get into the wrong hands and avoid the tragedy that shootings of any kind cause in the spaces in which we live, learn, work and play. For more information on safe gun storage, visit Reducing Gun Violence at the U.S. Department of Justice website.

Sincerely,
Tom Gray, Superintendent of Schools

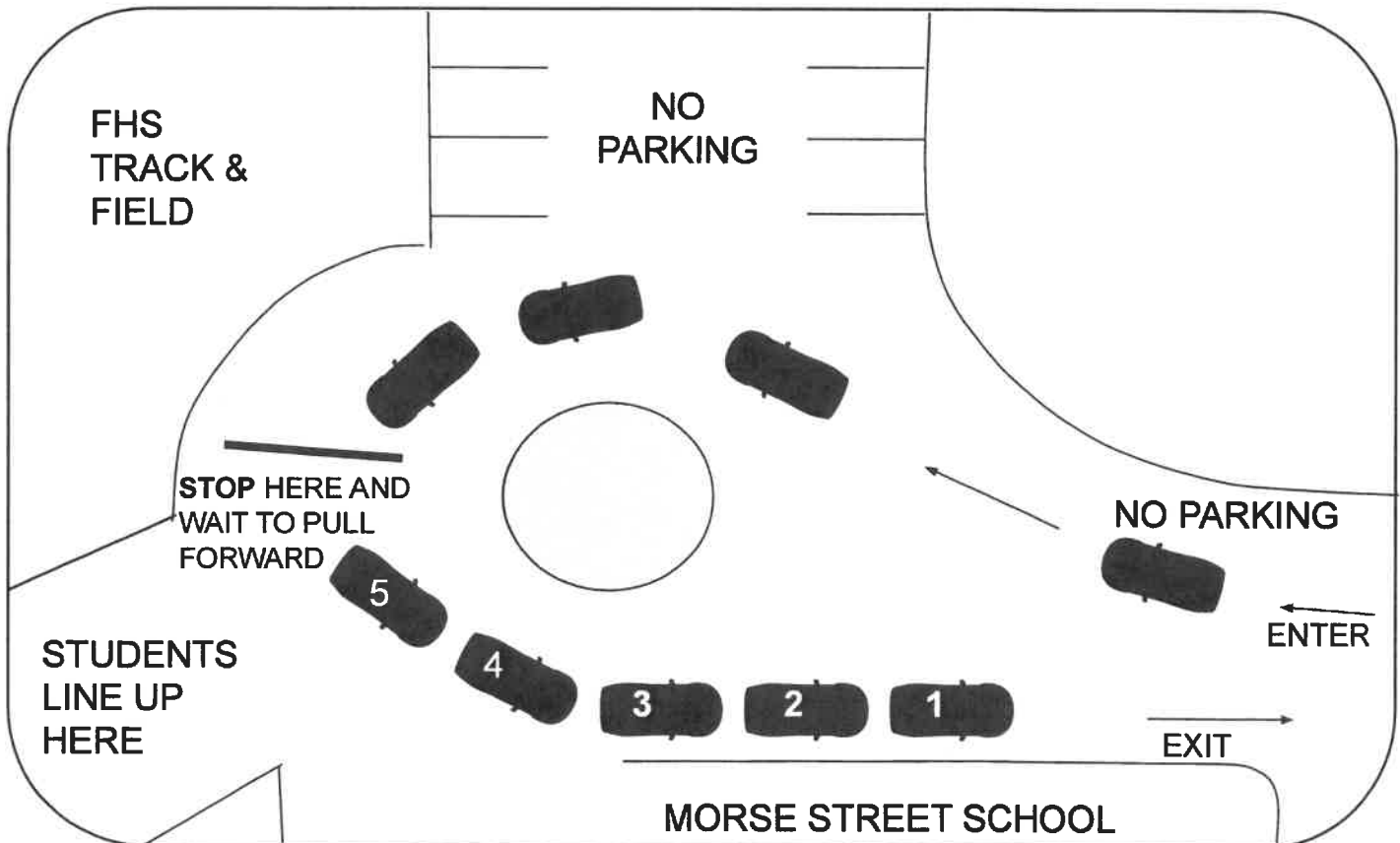
MSS Drop-Off & Pick-Up Procedures

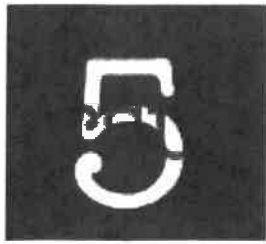
With safety for our students and families in mind, we have an organized system for student drop-off and pick-up outside the front of Morse Street School. Please help us keep this system moving smoothly by taking a moment to review these important guidelines.

- Pull up in front of the school to let your student(s) out of your car for **DROP OFF ONLY**. Please remain in your car and pull as far forward as possible to make room for cars behind you. Staff will greet students at the curb from 8:20 - 8:35 am.
- Please observe the **NO PARKING** zone on the right as you enter Morse Street. When cars are parked there, it creates a bottleneck and safety concern for traffic entering and exiting the parking lot.
- There is room for 5 cars at a time in the **DROP OFF/PICK UP ONLY** zone. The next car should stop and wait at the rotary until cars at the curb have cleared, then the next 5 cars can pull up.
- Your child should sit on the right side of the car to make it easier to exit and enter the vehicle if possible.

We appreciate everyone's cooperation and patience. If you have any questions or concerns, please feel free to call the office.

Thank you.





Volunteer Application

RSU5
17 West Street
Freeport, Maine 04032
Phone: (207) 865-0928

Please Submit to your School's Secretary
www.rsu5.org

First Name: _____ Date of Birth: _____ Phone: _____

Last Name: _____ Address: _____

Maiden/
Previous Name: _____ Email: _____

Do you have a child or children currently attending RSU5 schools? Yes No
If yes, please list each child's name, grade and school:

Where would you like to volunteer?

<input type="checkbox"/> Durham Community School	<input type="checkbox"/> Mast Landing School	<input type="checkbox"/> Community Programs
<input type="checkbox"/> Freeport High School	<input type="checkbox"/> Morse Street School	
<input type="checkbox"/> Freeport Middle School	<input type="checkbox"/> Pownal Elementary School	

Thank you for your interest in our schools! All volunteers are required to undergo a State of Maine background check prior to working with our students. *This background check is free and will require your signature on the next page. Please also answer the following questions:*

	Yes	No
1. Have you ever been disciplined, discharged or asked to leave a prior position?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been charged with or investigated for sexual abuse or harassment of another person?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of a crime (other than a minor traffic offense)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever entered a plea of guilty or "no contest (nolo contendere) to any crime (other than a minor traffic offense)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of these questions, please provide full details in the space provided below or on a separate sheet of paper. Conviction or other disposition of a crime is not necessarily an automatic bar to volunteering in RSU5 but failure to disclose criminal history may prevent you from being a volunteer.

Please read and sign the following Volunteer Rules and Background Check Agreement:

I understand that I must comply with all Board policies and school rules while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent.

My signature below constitutes authorization to check criminal arrest and conviction records, reference checks and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that RSU5 contacts in connection with my volunteer application to fully provide RSU5 any information on the matters set forth above. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee which may include school committee members, administrators, other staff and members of the community. I give my consent to this disclosure. I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible to volunteer if the information contained herein, upon investigation, is found to be misrepresented or falsified. Moreover, if during the course of my volunteer service my record status changes because of current unlawful activity or transgression, I understand that I must notify the appropriate school administrator and that I may be declared ineligible to volunteer.

X _____

Signature

Date

Please read and sign the following Volunteer Confidentiality Agreement.

Students in RSU5 have the right to expect that information about them will be kept confidential by all volunteers. Additionally, the U.S. Congress has addressed the privacy-related concerns of educators, parents and students by enacting the Family Educational Rights and Privacy Act (known more commonly as "FERPA" or the "Buckley Amendment). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including RSU5 School Department, which disseminates a student's education records without his or her parent's consent.

1. Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators. Even when discussing a student with those who are directly involved in a student's education (teacher, principal, guidance counselor, etc.) you may not share otherwise confidential information with them unless it is relevant to the student's educational growth, safety or well-being.
2. You may not share information about a student even with others who are genuinely interested in the student's welfare (social workers, scout leaders, clergy or nurses/physicians unless such confidential information is necessary for a student's care in a grave medical emergency). You must refer all such questions to the school employees so authorized- typically the student's teacher or principal.
3. Parents, friends or community members may in good faith ask you questions about a student's problems or progress. You must refer all such questions to the authorized school employee(s). You may not share information – positive or negative – about a student even with members of your own family or the student's family.
4. Before you speak, always remember that violating a student's confidentiality isn't just impolite, it is against the law!

As a volunteer for RSU5, I agree never to disclose information about a student's records or progress to anyone other than an authorized school department employee. I will refer all requests for such information from those not directly involved in the student's education to authorized school district employees. I understand that if I breach confidentiality, I will lose my privilege to volunteer with RSU5.

X _____

Signature

Date