

Welcome to Morse Street School

ENTERING PRE-K and KINDERGARTEN 2026-2027 REGISTRATION REQUIREMENTS

The following items make up your child's permanent record. As you can see, this involves a great deal of record keeping. We would appreciate your help in making sure that your child's record is accurate and complete. The packet of papers you will be receiving includes the following forms:

- Registration Form**
- Policy, Permissions, Emergency Contacts**
- Military Identifier**
- Home Language Survey (required by 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**

Forms for informational use only:

Safe Gun Storage, Student Education Records and Information Rights

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 for verification. 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

Date of Entry: _____
School: _____
Grade Level: _____

Code: JFAA-E

RSU NO. 5 - STUDENT REGISTRATION FORM

This information is for your child's permanent school record. All information will become part of his/her confidential records, accessible to school officials. Please be certain the information is accurate. Thank you.

Student's Legal Name: _____ Student's Nickname: _____
Last First Middle

Home Address: _____ Home Phone: _____
Street Town/City State/Zip

Mailing Address: _____
Street Town/City State/Zip

Date of Birth: _____ Place of Birth (City/State): _____

Gender: () Male () Female Birth Certificate on File: () Yes () No

Is this student receiving Special Services (i.e., Speech, P.T., O.T., Social Worker, Title One)? _____

Ethnicity (optional): Is the student Hispanic or Latino? () Yes () No

Race (optional):

- a. White c. Asian e. Native Hawaiian / Other Pacific Islander
b. Black or African American d. American Indian or Alaska Native

Student Lives With (circle one): Mother Father Both Mother/Mother Father/Father

Mother and Stepfather Father and Stepmother **Legal Guardian

**If the student lives with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.

Is the student a Ward of the State? () Yes () No

Additional Information: _____

Is there a court order regarding custody or restricting access to your child? () Yes () No. A certified copy of the order must be attached.

<u>Parent 1</u>	<u>Parent 2</u>
Name: _____	_____
Home Address: _____	_____
Place of Employment: _____	_____
Occupation: _____	_____
Business Phone: _____	_____
Home Phone: _____ / Cell: _____	_____ / Cell: _____
E-Mail Address: _____	_____

Parental Status (circle one) Single Married Divorced Separated Widowed Domestic Partner

Legal Guardian's Name: _____ Home Phone: _____

Legal Guardian's Place of Employment & Phone: _____

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 2026-2027

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

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



LANGUAGE USE SURVEY

Dear Parent/Guardian:

Speaking more than one language is a valuable asset. We encourage families to maintain their native language(s) while learning English. Students who speak or understand another language may be eligible for support to improve their English and help meet Maine's academic standards. The following questions, required for all students from pre-kindergarten through grade 12, will help your school determine if your child may benefit from English language support services.

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. You have a legal right to have any communication from the school in a verbal or written format in the language you can best understand.

If a language other than English is indicated below, your child will complete an English language proficiency (ELP) screener. Depending on your child's performance, your child may be identified as an English Learner and eligible for English language support. Be assured, your responses will be used solely for educational purposes and kept in your child's school file, accessible only to school staff. School employees are not permitted to ask about your family's immigration status.

Thank you for providing this information and best wishes for your child's academic success.

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 English is the only language identified on the Language Use Survey (Questions 1-3 above), an ELP screener may be administered **only if** this section is completed by a teacher and then approved by the Multilingual Director/Coordinator or Language Access Committee. Describe evidence that the student's English language development has been influenced by their primary or home language other than English:

Signatures: Teacher _____ Date: _____
Multilingual Director/Coordinator _____ 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

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**

2026-2027 School Year

Dear Parents:

RSU5 has notification systems called BrightArrow and Reach My Teach. These systems will send out notifications to parents via the telephone regarding important school information. The information that might be sent out through these systems include, 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 notification systems. 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 the notification systems, 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>	
Pre-K	K-12		
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



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

**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