

# M.S.A.D. #64 Student Registration Form

## Student Information

Student's  
Legal Name: \_\_\_\_\_ Gender:  M  F  
First Middle Last Suffix

The following questions are mandated by the Department of Education to be in compliance with federal reporting requirements and are not optional:

1. Is the individual Hispanic/Latino? (choose one):  Yes  No
2. Is the individual from one or more of the following races (choose at least one):  American Indian or Native Alaskan  
 Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Birth Date: \_\_\_\_\_ City, State, & Country of Birth: \_\_\_\_\_ Date Entered US: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (The Department of Education has requested that we collect social security numbers for Maine Statewide Longitudinal Data collection purposes, however, the parent/guardian must provide written consent to its use in that manner. By providing your child's social security number here, you are hereby consenting to and authorizing the Department of Education to use your child's social security number for data collection purposes. Providing this information is voluntary and not a requirement of enrollment.)

## Enrollment Information

Grade: \_\_\_\_\_ Start Date: \_\_\_\_\_ School of Enrollment: \_\_\_\_\_

Prior School Name: \_\_\_\_\_

Prior School's Address: \_\_\_\_\_  
City State

Native English Speaker:  Yes  No If no, what is student's primary language? \_\_\_\_\_

Resident Town: \_\_\_\_\_ Does Student have an IEP or 504 Plan?  IEP  504  N/A

## Parent/Guardian Information

Parent/Guardian  
Legal Name: \_\_\_\_\_ Relationship to Student  
First Middle Last  
Physical Address: \_\_\_\_\_ Does student reside with you at this address?  Yes  No  
Mailing Address if different from above: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Parent/Guardian  
Legal Name: \_\_\_\_\_ Relationship to Student  
First Middle Last  
Physical Address: \_\_\_\_\_ Does student reside with you at this address?  Yes  No  
Mailing Address if different from above: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
If address is different from student, do you wish to received mailings:  Yes  No  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

- If the student lives within the District with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.
- If a custodial parent/guardian wishes the school 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 is an emancipated minor, a certified copy of the court order must be attached.

**Sibling Information***Please list below all siblings or members of student's household that are attending school:*

Name:			Date of Birth	Grade	School
<i>First</i>	<i>Middle</i>	<i>Last</i>			

**Emergency Contact Information***Please list persons you give permission to assume responsibility for your child in the event you cannot be reached:*

Name	Phone Number	Relationship to Student

**Health Information**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_  
 \_\_\_\_\_

Health problems the school should be aware of:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*In event of accident or serious injury school may contact physician. If the physician is unreachable, school may make whatever arrangements seem necessary.*

Requests or \_\_\_\_\_  
 \_\_\_\_\_

**Immunization Records:**

\_\_\_\_\_ Immunization records (signed statement from health provider specifying immunizations received, dates and dosages). Immunization is required for poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, measles, mumps and rubella. Student's in Kindergarten, Grades 1, 2, 3, 6, 9 and 10 are also required to show proof of immunity to varicella (chicken pox). (20-A M.R.S.A. § 6352-6359 and Chapter 126 of the Maine Department of Education Rules)

**Non-immunized students are not permitted to attend schools unless one of the following conditions is met (please check applicable box):**

- \_\_\_\_\_ Parent/legal guardian provides written assurance that child will be immunized within 90 days of this application (this option is only available once in the student's school years); OR
- \_\_\_\_\_ Parent/legal guardian provides a written statement from a physician that immunization against one or more diseases may be medically inadvisable (required each year); OR
- \_\_\_\_\_ Parent/legal guardian provides written statement that immunization is contrary to their religious, moral or philosophical beliefs, or other personal reason (required each year).

Birth Certificate:

\_\_\_\_\_ Certified copy. Maine Law requires that a certified copy of a student's birth certificate shall be presented to the school within 60 days of enrollment (usually presented when student registers for kindergarten; will be required of transfer students if a copy is not included in the transfer records).

I, \_\_\_\_\_ hereby attest that the information provided by me on this Student Registration Form is true and correct to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_  
Please Print Name: \_\_\_\_\_

\*\*\*\*\*

TRANSFER STUDENTS ONLY COMPLETE THIS SECTION

Student Education/Disciplinary Records from Previous School:

Name of school that student is transferring from \_\_\_\_\_

Address \_\_\_\_\_

(Street, PO Box) City State Zip Code  
Name of Principal Telephone No. Student's grade level \_\_\_\_\_

Reason for transfer \_\_\_\_\_

Has the student ever been expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the student ever been suspended from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did the student withdraw from the school before an expulsion hearing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did the student withdraw from school before a suspension? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer to any question is yes, please attach a written statement of the circumstances.

The applicant is hereby notified that M.S.A.D. No. 64, 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. M.S.A.D. No. 64 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 or suspension.

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 an M.S.A.D. No. 64 school until the Superintendent has made a determination as to whether to admit the student and if so, under what conditions.

If an applicant is allowed to enroll in an M.S.A.D. No. 64 school 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.

SCHOOL USE ONLY:

School \_\_\_\_\_ Grade \_\_\_\_\_ Birth Record Verified \_\_\_\_\_ Immunization Record Verified \_\_\_\_\_

Map Completed \_\_\_\_\_ Transfer of Pupil Records Form Completed \_\_\_\_\_