

Documents & Information needed to register students at Greenville Consolidated School

(Grades Pre-K through 12)

1. Birth Certificate

2. Proof of Residency with street address. Current bill addressed to you at your residence or a signed lease or rental agreement (we CANNOT accept a handwritten note)

3. COURT PAPERS ARE REQUIRED FOR THE FOLLOWING:

- Emancipation of minor;
- Non-parental guardianship (must be court appointed NOT a power of attorney statement);
- Divorce decrees that indicate specific parental rights and/or restrictions and indicates which parent has physical custody (living arrangements for child);
- Court ordered protection orders;
- Any other court order that is meant to protect or serve a child's best interest;
- Any court order that shows the legal name change of a student.

4. If the student is not a citizen of the United States we will need the following information:

- U.S. entry date
- U.S. School entry date
- Country of Citizenship

5. Proof of Immunization.

6. Completed enrollment packet

List of what you need to bring

- ***Birth Certificate,***
- ***Proof of residency,***
- ***Legal papers as needed,***
- ***US immigration information and citizenship (if applicable),***
- ***Proof of immunizations or the signed immunization exemption form,***
- ***All completed forms mentioned on this sheet which includes;***
 - ***enrollment packet,***
 - ***health packet and***
 - ***laptop use rules and regulations.***

Please make sure you have an appointment (you can call to make one by dialing 207.695.2666) and bring the COMPLETED forms with you along with your child for your meeting with the Guidance Director.

Educational Records Release Form

TRANSFER STUDENT FORM

Greenville Consolidated School

Guidance Office

PO Box 100

130 Pritham Avenue

Greenville, Maine 04441

Tel: 207.695.2666

Fax: 207.695.4614

Parental permission is no longer required when records are requested by Authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24674)

_____ (School) in _____
(name of school last attended) (Town/City and state of school) (school fax number)

to release a copy of the student permanent record of:

First Name	Middle Name	Last Name
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Current Grade _____ Date Of Birth _____

____ The above named student is registering at Greenville Consolidated School, grades pre-K-12.

____ Please MAIL the cumulative records to the above address; Attention to Guidance Office

Please also FAX the following Records Immediately:

- MEDEMS ID#
- Transcript
- Immunization
- IEP or 504
- Disciplinary Record
- Attendance
- Current Course schedule with grades

Thank you,
Cassandra Miller
Guidance Director

**GREENVILLE SCHOOL DEPARTMENT
APPLICATION FOR ENROLLMENT**

The following information and certifications are required before a transfer student will be considered for admittance to Greenville Consolidated School.

Student's full legal name: _____

Date of birth: _____

Student's physical address: _____

Number/ street

Town

zip code

Home Telephone: _____

Student Lives with (Pease circle): Mother Father Legal Guardian

Parent/Guardian 1- Name: _____

Daytime phone number: _____

Cell phone number: _____

Parent/Guardian 2- Name: _____

Daytime phone number: _____

Cell phone number: _____

If the student lives in Greenville 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 Greenville Consolidated 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.

Other Living arrangements: _____

Parent/guardian Certification of Residency

I certify that I live with the student names above at the street address identified above. I understand that the Greenville 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 Greenville School Department.

Date: _____ **Signature:** _____

Print Name: _____

Student Education/Disciplinary Records from Previous School

Name of school that the student is transferring from: _____

Name of Principal: _____

Student's current grade level: _____

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? *Please circle* 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 the Greenville Consolidated School until the Superintendent has made a determination as to whether to admit the student and if so, under what conditions.

The application is hereby notified that the Greenville School Department in accordance with 20-A M.R.S.A. Section 6001-B, shall request all of the student's education and disciplinary records from the school he/she is transferring from. The Greenville 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 Greenville Consolidated 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.

Guardianship Verification Form (continued)

Greenville Consolidated School – Greenville School Department - Phone 207-695-2666 / Fax -207-695-4614

Application is being submitted for the 20__ to 20__ school year (please specify)

Student Name

Date:

The child lives with ☐ Mother & Father

☐ Mother

☐ Father

☐ Guardian

☐ Foster Home

Other Legal Guardian - Specify

Please Print

Legal Guardian 1 Name:

Phone 1:

Phone 2:

Please indicate relationship to student; ☐ Parent

☐ Step Parent

☐ Other Relative** ☐ Other** (Explain)

Mailing Address:

Street Name & #, or P.O. Box

City/Town

Zip Code

Please Print

Legal Guardian 2 Name:

Phone 1:

Phone 2:

Please indicate relationship to student; ☐ Parent

☐ Step Parent

☐ Other Relative** ☐ Other** (Explain)

Mailing Address:

Street Name & #, or P.O. Box

City/Town

Zip Code

Parent Name(s) & address(es) if student **IS NOT** living with parents.

Mother Name, Address & phone

Father Name, Address & phone

Other person to call in emergency

Relationship

Phone

DHHS GUARDIANSHIP – Fill in below

Is the child a ward of the state or a State Agency client? If yes Please give DHHS worker name, work address & phone.

Court papers are required for the following: Emancipation of minor; Non-parental guardianship; (must be court appointed); Divorce decrees that indicate specific parental rights and or restrictions; Court ordered protection orders; Any other court order that is meant to protect or serve a child's best interest; Any court order that shows the legal name change of a student.

I certify that I am the legal parent / guardian of the above named student(s). I further certify that this child and I reside in the city / town indicated above. I understand that Maine law (20-A M.R.S.A. § § 5201-5205) states that a student is a resident of a school administrative unit for purposes of eligibility for enrollment in the schools of that unit if:

****The student resides in that unit with a parent or guardian with legal custody (proof required.);**

The student is 18 years of age or older and resides in that unit;

The student is an emancipated minor and resides in that unit (proof required);

The student is a state ward who has been placed in that unit; or

Guardianship Verification Form (continued)

Greenville Consolidated School – Greenville School Department - Phone 207-695-2666 / Fax -207-695-4614

The student has been placed by a state agency in a residential placement (other than a residential treatment center) located in that unit.

Further, if the student is coming from a sending community that pays tuition, I understand that the town pays tuition in an amount not to exceed the rate established by the Maine Department of Education for the school my child(ren) attends and that I am responsible for any additional tuition and / or transportation expenses. I further understand that if these statements are found to be false, I will be responsible for all expenses incurred by the School District.

Parent/Guardian Signature _____ *Date* _____

Misc Enrollment Information:

Has this student ever attended school in Greenville? Yes No.

If so, what was the last date of attendance? _____

Is your child currently receiving ESL / ELL services? ☐ Y ☐ N If yes please answer the following questions.

Is your child a U.S. citizen? ☐ Y ☐ N Citizen of what country (If not U.S.) _____

U.S. entry date (if applicable) _____ Date first enrolled in school _____

Do you have any reason to suspect that your child might be in need of special services or considerations in his or her school setting or curriculum? No ☐ Yes ☐ If yes please comment. (on back of page)

Has your child ever been evaluated for any condition or problem which might have a bearing on school performance (including an active Individual Family Service Plan or Individual Education Plan) ? Yes ☐ No ☐ If Yes please explain.

Were any recommendations made? ☐ Y ☐ N If so, by whom? _____ Were they carried out?

☐ Y ☐ N Explain: _____

Would information regarding this evaluation and / or treatment be made available to the appropriate school personnel?

☐ Y ☐ N Explain: _____

If yes, please give name(s) and address(es) of person or agency (ies) from whom this information may be obtained.

The US and Maine State Departments of Education require us to report the race / ethnicity of all students for purposes of various governmental programs. Please help us by indicating your child's race / ethnicity as follows:

White (not of Hispanic origin) ☐ African American, (not of Hispanic origin) ☐ Hispanic ☐ Latino ☐ Asian / Pacific Islander ☐

American Indian or Alaskan Native ☐ Other ☐

Special Services can sometimes be Medicaid reimbursable. Is your child Medicaid eligible? Yes ☐ No ☐

Medicaid # (if appropriate) _____

Please list other children in your household and note if you have any disability concerns that need to be addressed for any of the children you listed.

Name _____ DOB: ____/____/____ M ☐ F ☐ Attends school where/Concern _____

Name _____ DOB: ____/____/____ M ☐ F ☐ Attends school where/Concern _____

Name _____ DOB: ____/____/____ M ☐ F ☐ Attends school where/Concern _____

Greenville Consolidated School
Emergency/Medical Information

Emergency Information

In an emergency situation when we cannot reach you at home or at work, please list at least two people who have agreed to take responsibility for your child and consented to the release of their names and phone numbers so we may reach them as an alternative.

Emergency Contact 1: _____ Phone: _____ Relationship: _____

Emergency Contact 2: _____ Phone: _____ Relationship: _____

Emergency Contact 3: _____ Phone: _____ Relationship: _____

Medical Information

If deemed necessary, your child will be sent to your family doctor or emergency room at the parent/guardian's expense.

Doctor's Name: _____ Doctor's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Allergies: _____ Medical Alerts: _____

Does your child have any of the following? Please circle.

Visual Problems / Hearing Problems / Corrective Lenses / Ear Infections / Vent Tubes / Hearing Aids

List medication administered at home. _____

List medication administered at school. _____

Parent/Guardian Signature: _____ Date: _____

**Greenville Consolidated School
Transportation Form**

IMPORTANT: Please fill out this form as accurately and completely as possible. This information is important in the transportation of your child to and from school.

Student's Name: _____

Student's Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone Number: _____

Physical Address: _____

If you would like your child to ride the bus ON THE FIRST DAY of school -

- Call the Main Office at 207-695-2666 Ext 1 three days prior to the start of school.
 - Leave a message reporting your child's name, grade, and the physical address for bus pick up and drop off.
 - The Main Office Secretary will return your call with details about bus stop locations and times for pick up prior to the first day of school

Parents/Guardians of students in PreK through Grade 4 will communicate with their child's teacher weekly noting after school dismissal plans.

- Refer to the attached form that your child's teacher will send home in your child's take home folder each Friday throughout the school year.
- Complete the form with your child's dismissal plans for the upcoming week and send it back in your child's take home folder each Monday throughout the school year.
- Parents/Guardians are instructed to contact the Main Office Secretary at 207-695-2666 Ext 1, if there are any changes in the weekly dismissal plans.



Week of _____

Student Name _____

Please indicate below where your child is going after school each day this week. If possible list a plan B for cancellation of after school commitments.)

Monday

Tuesday

Wednesday

Thursday

Friday

Notes:

Signature _____



Week of _____

Student Name _____

(Please indicate below where your child is going after school each day this week. If possible list a plan B for cancellation of after school commitments.)

Monday

Tuesday

Wednesday

Thursday

Friday

Notes:

Signature _____



Week of _____

Student Name _____

Please indicate below where your child is going after school each day this week. If possible list a plan B for cancellation of after school commitments.)

Monday

Tuesday

Wednesday

Thursday

Friday

Notes:

Signature _____



Week of _____

Student Name _____

(Please indicate below where your child is going after school each day this week. If possible list a plan B for cancellation of after school commitments.)

Monday

Tuesday

Wednesday

Thursday

Friday

Notes:

Signature _____

Greenville Consolidated School Department - Multi-Year Release Form

Information Release Form for News Media (newspaper & Internet Editions) / Electronic Media (Internet pages) / Military & Colleges

Student Name _____ Date: _____ YOG: _____

Please check off your choice for each category below. Grades K through 12

Category	Publish / Release YES	Publish / Release NO
GCS can use my child's photograph and/ or reproductions, including my child's voice and features, with or without my child's name for the purpose of news photos, Honor Roll, classroom bulletin board, school bulletin boards, or on our school's website and facebook page. I also agree to have my child's class work and projects showcased, with or without my child's name. I agree that I am not entitled to compensation of any kind arising from the use of my child's likeness or work.		
Military (Names and addresses of Juniors & Seniors only)		
Colleges (Transcripts and grade information)		
Free & Reduced Lunch Information Students who are applying to college, or who are taking standardized tests such as the SAT and AP tests, <u>may be eligible</u> for FEE WAIVERS based upon their Free/Reduced Lunch eligibility. By checking off the yes box you give permission for the Greenville Director of Guidance <u>to access only your eligibility information</u> in order to grant these fee waivers.		

Parent / Guardian Signature

Date

Parent / Guardian (Please print name)

To publicize the achievements of our students, we like to occasionally publish students' names, photographs and academic / extracurricular achievements in a variety of media formats such as: school notices, newsletters, our website, the local newspapers (which includes their online editions) and television.

Individual students' or class work and / or pictures may be published on the School Department's web site from time to time in accordance with established guidelines. Such work may include creative writing, research projects, artwork, music, performances and audiovisual presentations. All student work will include a copyright notice prohibiting the copying of such work without express written permission. If a request for copying is made, the student's parent / guardian will be notified. Phone numbers are not released unless the Guardian/parent asks specifically for that to happen.

ALSO:

The No Child Left Behind Act, requires high schools to provide directory information (student names and addresses and year of graduation) for Juniors & Seniors to both military recruiters and institutions of higher education, upon request. Parents and legal guardians of students, however, have the right to request that the school not release such information without prior written parental consent.

The purpose of this notice is to inform you of the law and to provide you the opportunity to request that information about your child not be released to either military recruiters or institutions of higher education. To prevent the release of information, you must inform Greenville School by marking your choice above.

If you do not inform us we will be required by federal law to disclose your child's name and address to military recruiters and institutions of higher education that request this information.

Please contact Greenville Consolidated School if you need further information.

Because your child's safety is our daily concern, we ask that you fill out the information above. We are aware that some parents may have reasons for not wanting a child's name, address, phone number, photo or achievements published.

If this form is NOT filled out and returned it will be taken as your consent to allow us to provide the military and / or colleges and institutions of higher learning with your student's name and address if they request it; and your child's name will be withheld from the news media (paper & online editions) (honor roll) and other electronic media.

This form will be kept on file until the student leaves Greenville Consolidated School. A new release may be filled out at any time. If you wish to change your selections please contact us at any time.

Military Identifier

The military identifier is critical to helping us identify who our military children are in a state that has a long proud tradition of military service. With this identifier, support can be instituted for our military kids in a proactive manner. Particularly in cases of Maine's Guard and Reserve members, deployments may go unrecognized in our classrooms across the state because of the primary civilian roles of the service members, and because members of Maine Guard and Reserve units often reside in communities that are distant from where they drill. All of our military families need support, and the military identifier will be helpful in allowing us to recognize all service-connected families in all branches of military service, including our active duty, Guard and Reserve units, who are increasingly faced with activation or deployment.

Are one or both of this student's parents on full-time duty status in the active uniformed services of the United States (including members of the National Guard and Reserve on active duty orders), or within one year of medical discharge or retirement from those uniformed services?

Yes _____

No _____

Student Name: _____

Parent Signature _____

- Please sign and return this form to Greenville Consolidated School, regardless of whether or not this applies to your family.



Greenville Consolidated School

Dear Parent(s)/Guardian(s):

Under the terms of the federal project administered by the Maine Department of Education, data must be collected on home language usage for all kindergarten and incoming students. Also, schools are required under federal civil rights law to identify all students whose home language is not English. Parents and guardians are most qualified to provide the school with this information. Please take a few moments to complete the questionnaire on the reverse side of this page about language(s) spoken in your home. After answering the questions, please have your child return the questionnaire to his/her guidance counselor upon registration (for incoming students) or to their academic teacher during screening (Kindergarten).

You may be assured that this information that you provide in the questionnaire will be used only to assist the Department in planning programs to provide appropriate educational opportunities to all students in your school. The federal government will receive group data only. Access to the information provided in the short survey cannot be released without permission from you. Only those persons with legitimate educational interests, including in this case the Maine Department of Education, will have access to this information.

Please stress to your son or daughter the importance of returning the completed questionnaire promptly. Do not hesitate to call your school principal if you have questions about the survey. Thank you for your assistance in helping us meet this requirement.

Sincerely,

Cassandra Miller

Guidance Director

Please complete the home language survey on the reverse side of this page and return it to the appropriate person, as indicated above.

Surveys in other languages are available at: <https://www.maine.gov/doe/learning/englishlearners/policy/survey>.

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 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 immigration status of any member of your family.

Thank you for providing this information, and I wish your students 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 questions 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 parent/guardian on this survey, an English language screener may be administered only if this section is completed by a teacher.

Describe evident 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 School Immunization Requirements

All children enrolled in a public or private school in Maine must have the following immunizations.

Required for **Kindergarten entry**:

- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- 4 Polio (3 Polio if the 3rd is given on or after the 4th birthday)
- 2 MMR (measles, mumps, rubella)
- 2 Varicella (chickenpox)

Required for **PreK entry**:

- 4 DTaP
- 3 Polio
- 1 MMR
- 1 Varicella (chickenpox)

Required for **7th grade entry**:

- All previously required vaccines
- 1 Tdap
- 1 Meningococcal Conjugate Vaccine (MCV4)

Required for **12th grade entry**:

- All previously required vaccines
- 2 MCV4 (only one dose is required if the 1st dose is given on or after 16th birthday)

OR

- Medical exemption for one or all vaccines
- Laboratory evidence of immunity to specific diseases or reliable history of disease documented by a physician or other primary care provider
- Philosophical or religious exemptions are only allowable for students with an IEP and exemption in place prior to September 1, 2021

Each immunization entry must include the vaccine type, date administered and the name of the provider. As of September 1, 2021 only medical exemptions are allowable except as described in [Title 20-A §6355](#)

For more information

Maine Department of Education

Office of School and Student Supports

Email: DOESchoolandStudentSupports@maine.gov

<https://www.maine.gov/doe/schools/safeschools/healthed/nurseresources/manual/immunization>

LD 798

Immunizations Requirements

Students enrolled in grades PreK through 12 are to be immunized against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio and varicella. Additionally, all students enrolled in grades 7-12 must be immunized against meningococcal disease. In May of 2019, LD 798 was signed into law which removes both philosophical exemptions and religious exemptions from the exceptions to immunization requirements. Medical exemptions are still allowed and there is an exception for those students with an Individualized Education Plan and either philosophical or religious exemption that is in place prior to Sept 1, 2021. These exceptions are allowed as follows:

- Medical exemption: In accordance with MRS 20-A §6355, a parent must provide a written statement from a licensed physician, nurse practitioner or physician assistant that, in the licensed physician's, nurse practitioner's or physician assistant's professional judgment, immunization against one or more of the diseases may be medically inadvisable. This is to be provided annually to the school where the child attends.
- Philosophical or religious exemption: In accordance with MRS 20-A §6355, a student covered by an Individualized Education Plan on September 1, 2021 who elected a philosophical or religious exemption from immunization requirements on or before September 1, 2021 pursuant to the law in effect prior to that date may continue to attend school under that student's existing exemption as long as:
 - A. The parent or guardian of the student provides a statement from a licensed physician, nurse practitioner or physician assistant that the physician, nurse practitioner or physician assistant has consulted with that parent or guardian and has made that parent or guardian aware of the risks and benefits associated with the choice to immunize; or
 - B. If the student is 18 years of age or older, the student provides a statement from a licensed physician, nurse practitioner or physician assistant that the physician, nurse practitioner or physician assistant has consulted with that student and has made that student aware of the risks and benefits associated with the choice to immunize.

The Department has created sample materials to assist schools in implementing this law which can be found in the School Health Manual section of our website. schools to communicate with families, sample medical exemption, and a sample philosophical or religious exemption form. You may contact Emily.Poland@maine.gov with any questions.

I have read and acknowledged the above information:

Parent/Guardian Signature _____ Date _____

Immunization Exemption Form

Student Name: _____

Date of Birth: _____

In accordance with MRS 20-A §6355, a student covered by an Individualized Education Plan on September 1, 2021 who elected a philosophical or religious exemption from immunization requirements on or before September 1, 2021 pursuant to the law in effect prior to that date may continue to attend school under that student's existing exemption as long as:

A. The parent or guardian of the student provides a statement from a licensed physician, nurse practitioner or physician assistant that the physician, nurse practitioner or physician assistant has consulted with that parent or guardian and has made that parent or guardian aware of the risks and benefits associated with the choice to immunize; or

B. If the student is 18 years of age or older, the student provides a statement from a licensed physician, nurse practitioner or physician assistant that the physician, nurse practitioner or physician assistant has consulted with that student and has made that student aware of the risks and benefits associated with the choice to immunize.

I/we have elected to have a philosophical or religious exemption from immunization requirements for this person prior to Sept 1, 2021 and are continuing to do so as this person has an individualized education program (IEP) in place.

This exemption is for the following immunizations:

- ☐ All required immunizations
- ☐ The following specific immunizations:
 - ☐ Diphtheria, Tetanus, Pertussis
 - ☐ Polio
 - ☐ Measles/Mumps/Rubella
 - ☐ Varicella
 - ☐ Meningococcal disease

I understand that I must provide a statement from a healthcare provider as listed above to accompany this form and the Special Education Director of this person's school district will certify that an IEP is/was in place on or before September 1, 2021.

I understand that in the case of an outbreak of a specific disease, for which my child is not protected, my child may be kept out of school and school activities as advised by the Maine Centers for Disease Control and Prevention. The length of time my child will be kept out may vary depending on the disease and the length of the outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring. The child's educational needs may be met by making arrangements for the delivery of school assignments, correction of papers, and similar activities which can be accomplished at home. Any child who is unable to take examinations during this period shall be afforded the opportunity to make up the examinations, similar to arrangements made for children who have other excused absences.

Printed Name and Signature

Relationship to student

Date

FOR SCHOOL USE ONLY

☐ Statement from healthcare provider received.

☐ I, _____, a school administrative unit representative for Special Education, certify that an IEP is in place for the student listed above on or before September 1, 2021 which makes them eligible to maintain the philosophical or religious exemption for immunization requirements.

Signature

Date



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