



REGIONAL SCHOOL UNIT 34

156 Oak Street Old Town, ME 04468 (207)-827-7171

Dear Parent/Guardians,

We are delighted to welcome your student to Regional School Unit #34, serving the towns of Old Town, Alton, and Bradley.

When a child is registering in RSU 34, a parent or guardian must provide proof of identity and age by providing one of the following documents:

- Original or certified birth certificate (original will be returned to the parent of guardian)
- Valid student passport (international students ONLY)
- Or other record recognized by a court of law

In addition, the parent or guardian must provide immunization records (as required by State law) and proof of residence. Proof of residency is also required when a change of address occurs. To meet the proof of residency requirements, a parent/guardian must submit one document of the following types:

- Title evidence, mortgage statement, or lease agreement, tax bill, certificate of residency obtained from the town/city office
- Utility bill such as an electric bill, gas bill, or home phone bill (a cell phone bill is not a utility bill and will not be accepted).
- Maine driver's license, Maine state identification card, voter's registration card, loan payment book, home insurance policy, bank account paperwork, medical card, or permanent resident card.

Transfer students must complete the student records release included in this packet. The building principal or designee is responsible for collecting student records.

Please submit the required documents to the Superintendent's Office between the hours of 8:00 a.m. until 3:30 p.m. We are located in the Leonard Middle School at 156 Oak Street, Old Town.

If you have questions about these documents or other registration and enrollment procedures, please do not hesitate to contact the Student Enrollment Coordinator at 207-827-7171, Option 5 or brenda.dahlbergh@rsu34.org from 8:00 a.m. - 3:30 p.m.

Welcome to RSU 34 - Old Town-Alton-Bradley

Please use this checklist to be sure you have completed and signed the enclosed enrollment forms in the packet.

_____Proof of Residency

_____Student Birth Certificate

_____Immunization Record(s)

_____Enrollment Form

_____SPED Record Request

_____School Record Request

_____Health Survey

_____Cyr Bus Form

_____Home Language Survey

_____Migrant Form

_____McKinney-Vento Questionnaire

_____Website Permission Form

Date _____

RSU 34 ENROLLMENT/REGISTRATION FORM

Has the child ever been enrolled in RSU 34 public schools?
 ____NO ____YES If yes, what school(s) and grade(s)?

FOR SCHOOL USE ONLY: START DATE: _____

RSU 34 school attending: _____

Grade/Teacher Code: _____

DEMOGRAPHIC INFORMATION

Student Last Name: _____ Student First Name _____ MI _____

DOB _____ Gender ____M ____F City of Birth _____ State of Birth _____

Ethnicity	English Proficiency	State Reporting Fields
<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Will be reported Caucasian/White	<input type="checkbox"/> Native English Speaker <input type="checkbox"/> Bilingual-Never LEP <input type="checkbox"/> Limited English Proficient* <input type="checkbox"/> Transitioned Back to LEP* <input type="checkbox"/> Former LEP* <input type="checkbox"/> ESL only* <input type="checkbox"/> Sheltered English* *Language Spoken _____	<input type="checkbox"/> Migrant <input type="checkbox"/> Section 504 <input type="checkbox"/> Ward of the State <input type="checkbox"/> State Agency (Foster Care, etc.) <input type="checkbox"/> Title IA Disadvantaged <input type="checkbox"/> Alternative Education <input type="checkbox"/> Foreign Exchange Student

Is the home you live in located in RSU 34? (Alton, Bradley, Old Town) ____Yes ____No

If not, what town is the home located in? _____ (where property taxes are paid)

Do you live in University Park? ____Yes ____No

What school did the student attend last? _____ Town/State _____

Is the Parent/Guardian Active Duty Military or Reserves? ____Yes ____No

For Pre-K/Kindergarten Enrollments: Enter number of days per week child attended the following:

____Daycare ____PreK/4YO Program ____Head Start ____Nursery School (name) _____

Birth Certificate on First Enrollment: Maine Law requires that a legal copy of a birth certificate shall be presented upon enrollment. We will make a copy for our records. Photo copies are not accepted. Hospital Birth Certificates are not legal proof of birth.

Birth Certificate presented ____Yes ____No Verified by: _____

Student Name: _____ Grade _____

Primary Household Information:

Physical Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Child Lives With:

____ Both Parents ____ Father
____ Mother ____ Half time with each**
____ Mother/Step-Parent ____ Foster parent/Guardian

Is there shared custody?** ____ Yes ____ No

**Household members listed above will be emergency contacts unless otherwise advised. List additional non-household emergency contacts below.

Primary Household Members (other than student):

1.Name _____	Relationship _____	Cell: _____	Work: _____	Email: _____
2.Name _____	Relationship _____	Cell: _____	Work: _____	Email: _____
3.Name _____	Relationship _____	Cell: _____	Work: _____	Email: _____
4.Name _____	Relationship _____	Cell: _____	Work: _____	Email: _____
5.Name _____	Relationship _____	Cell: _____	Work: _____	Email: _____
6.Name _____	Relationship _____	Cell: _____	Work: _____	Email: _____

Emergency Contact Information (other than student listed above):

1.Name _____	Relationship _____	Cell: _____	Work: _____	Email: _____
2.Name _____	Relationship _____	Cell: _____	Work: _____	Email: _____
3.Name _____	Relationship _____	Cell: _____	Work: _____	Email: _____
4.Name _____	Relationship _____	Cell: _____	Work: _____	Email: _____

***By listing additional emergency contact - these people will also have permission to pick up your child(ren).

Please see the Health Survey Form to list medications & conditions for your child.

Permissions & Additional Information:

1. Is there any joint custody or parenting plan in effect? ____ Yes ____ No If yes, plan must be on file, with school, for enforcement.
2. Please list all names of people with legal custody in this issue and fill out secondary household information**: _____
3. Has your child ever qualified or been enrolled in a Special Education Program? ____ Yes ____ No
4. Has your child ever received Title I Services? ____ Yes ____ No
5. During the school year there are times when newspapers and television networks visit our schools. Do you allow your child to participate in photos and/or have his/her name mentioned in the article and or on the internet? ____ Yes ____ No
6. Are you willing to allow your child to take part in field trips conducted by the teachers at RSU 34? ____ Yes ____ No

I hereby verify, to the best of my knowledge, that all of this information on this form is true and correct.

Date Relationship to Student Signature

Student Name: _____ Grade _____

****Please complete section below only if student lives in multiple households****

Secondary Household Information:

Does the student live at this residence 50% or more during the school year? ____ Yes ____ No

Physical Address:

_____ State _____ Zip _____

Mailing Address: _____ State _____ Zip _____

Secondary Household Members: (not including student):

1.Name_____	Relationship_____	Cell:_____	Work:_____	Email:_____
2.Name_____	Relationship_____	Cell:_____	Work:_____	Email:_____
3.Name_____	Relationship_____	Cell:_____	Work:_____	Email:_____
4.Name_____	Relationship_____	Cell:_____	Work:_____	Email:_____

**Household members listed above will be emergency contacts unless otherwise advised. List additional non-household emergency contacts below/

Emergency Contact Information (other than those listed in the Primary Household).

1.Name_____	Relationship_____	Cell:_____	Work:_____	Email:_____
2.Name_____	Relationship_____	Cell:_____	Work:_____	Email:_____
3.Name_____	Relationship_____	Cell:_____	Work:_____	Email:_____
4.Name_____	Relationship_____	Cell:_____	Work:_____	Email:_____

Additional Concerns or Comments:

AGREEMENT TO PUBLISH STUDENT INFORMATION ON THE
RSU 34 SCHOOL DEPARTMENT WEBSITES/LOCAL MEDIA

School Year: _____

The RSU 34 School Department maintains an official web site to provide general information about the school system as well as information about educational programs, extracurricular activities, school events, and student and staff achievements. At times the local media may wish to publish recognition and awards associated with the school that may contain demographic information about your child related to the event.

Maine law requires public schools to obtain written approval from parents/guardians prior to publishing personal information about students on the Internet and local media. This form will authorize the School Department to publish the following:

A. Full names of students in connection with class rosters, honor rolls, awards received, and team/extracurricular activity participant lists.

B. Group and/or individual photographs of students.

C. Individual student or class work may be published on the School Department's website from time to time in accordance with established guidelines. Such work may include creative writing, research projects, art work, music, performances, and audiovisual presentations. All student work will include a copyright notice prohibiting the copying of such work without express written permission. Copies of the Board's Web Site Policy and Guidelines are available at the Superintendent's office, every school office, or on the School Department's web site at www.rsu34.org.

Check one:

☐ My child's information (photo, school work, etc.) **CAN** be published.

☐ My child's information (photo, school work, etc.) **CAN NOT** be published.

Name of student: _____ Grade _____ School: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature

Date



REGIONAL SCHOOL UNIT 34

156 Oak Street Old Town, ME 04468 (207)-827-7171

School Records Request

Date: _____

I. RSU 34 School Name Mailing Address:

II. Name of Child(ren) and Grade(s): _____

This is to certify that I, _____, the parent/legal guardian of the child/children listed below request the release of the school records for purposes of academic placement.

Former School Attended

School Phone Number

School Fax Number

Address with City, State and Zip Code

Child's Name

Grade

Date of Birth

Such school records include but not limited to:

____ Academic Records	____ Intelligence/Aptitude Tests Scores
____ Grades to Date (if letter grades are used please include numeric equivalent	____ Current IEP (if necessary)
____ Grades if last completed quarter (for purpose of determining	____ Health, Psychological and other records
____ athletic/extra-curricular participation)	

The person signing this release shall hold harmless any school officials who make personal comments about the student if such remarks are called for in the request. Parent/legal guardian privileges and obligations under the Family Educational Rights and Privacy Act are:

1. Notification of transfer
2. If desired a copy of records may be obtained with cost of copying provided by parent/legal guardian.
3. An opportunity for a hearing to challenge the content of the records is provided.

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

Signature: _____ Date _____

Address: _____

Regional School Unit 34
Student and Family Health Survey

Dear Parent/Guardian:

This is a required form. Even if your child or family has no health needs please fill out all items & sign on the back! Please help us to provide your child and family with a healthy school experience by completing this confidential survey.

Information provided will only be shared with school staff on a need to know basis.

Student's Name: _____

Date of Birth: _____ Grade: _____

School: _____

Does your child have an Epi Pen? ☐ YES ☐ NO

Allergies and allergic symptoms (write N/A for none):

If your child has a food or milk allergy, please provide medical documentation.

Food:

Medication:

Environmental:

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

Medical Insurance Carrier: _____

Medical History: Circle Yes or No. If yes, please explain in the space provided.

Yes No Asthma _____

Yes No ADHD/ADD _____

Yes No Mental Health Diagnosis _____

Yes No Behavioral/Sensory _____

Yes No Diabetes _____

Yes No Heart Problems _____

Yes No Activity Restrictions _____

Yes No Frequent ear infections _____

Yes No Hearing Problems _____

Yes No Vision Problems _____

Yes No Seizure Disorder _____

Yes No Surgeries _____

Yes No Other _____

Medications - list all medications taken at home or at school, including those taken occasionally, such as inhalers or nebulizers:

Name of Medication) _____
Reason for Medication _____
Dosage: (example - 10 mg) _____
Time(s) Taken: (example - twice per day, 7 am & 7 pm) _____

Name of Medication) _____
Reason for Medication _____
Dosage: (example - 10 mg) _____
Time(s) Taken: (example - twice per day, 7 am & 7 pm) _____

Name of Medication) _____
Reason for Medication _____
Dosage: (example - 10 mg) _____
Time(s) Taken: (example - twice per day, 7 am & 7 pm) _____

Name of Medication) _____
Reason for Medication _____
Dosage: (example - 10 mg) _____
Time(s) Taken: (example - twice per day, 7 am & 7 pm) _____

If there are family health concerns that may impact your student's attendance and education during the upcoming school year, please provide some information below.

Examples are a family member who is immunocompromised, or may be receiving care for cancer or other illness/disease, etc. This information will be helpful in planning your child's education in-person, virtually, or a combination of the two. All health information is kept confidential and this form will be placed in the student's school health folder.

Is there anything else we should know, or you would like us to know about your child or family situation?

SIGN HERE:

Parent/Guardian Signature:	Date:
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John T. Cyr & Sons, Inc.
Cyr Bus Lines
PO Box 368, 153 Gilman Falls Avenue
Old Town, ME 04468
207-827-2335 207-827-5286 Fax: 207-827-6763

Welcome to School!
RSU #34 and John T. Cyr and Sons
Providing Transportation for the future!

Dear Parents: In an effort to avoid confusion for your child(ren), John T. Cyr and Sons along with RSU 34 wish to know where your child(ren) are going after school. The information you provide will assist the school and our drivers in assuring that your child(ren) are delivered safely to the place they belong.

PLEASE PRINT!

SCHOOL ATTENDING: _____

Child's Name: _____

Parent's Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Emergency Phone _____

Please remember that your child(ren) may be required to walk to a designated pick-up and drop-off location. Brief description of your home, location, and any other helpful information to locate your home.

If your child(ren) is/are going to a different location, please provide the following information:

Daycare or Sitter's Name: _____

Physical Address: _____

Phone Number: _____

Does your child receive Special Education Services? ☐ Yes ☐ No ☐ Unsure
If **yes or unsure**, please complete the section below.

RSU 34
Alton, Bradley, and Old Town
Special Education Department

Transfer Notice

In order for RSU 34 to provide an appropriate placement and continuity in your child's special education program, we require your signature enabling us to place your child in a similar program from which he/she was transferred. Your child's current IEP will be implemented until an IEP meeting can be convened or the IEP is accepted from the previous school.

Upon receipt of the educational records from the school your child previously attended, we may schedule an IEP meeting to review your child's program and determine whether any revisions or changes need to be made.

Please complete the information requested below and sign the consent to continue a similar special education program for your child.

Student's Name: _____ DOB: _____

District Transferring From: _____ Grade: _____

Parent(s) Name: _____ Phone: _____

Physical Address: _____

Mailing Address: _____

Previous Special Education Program: ☐ 504 ☐ IEP ☐ Disability

Previous Therapy Services: ☐ Speech/Language ☐ Occupational ☐ Physical

☐ Self-Contained (Majority of the Programming from a Special Education Teacher)

Academic Support: ☐ Reading ☐ Math ☐ Writing ☐ Spelling

Previous School Attended: _____

Previous School Address: _____

Previous School Phone Number: _____

Additional Comments/Information: _____

Parent(s) Signature: _____ Date _____

Additional Information: _____

For office use only: This child: ☐ needs ☐ does not need to continue Special Education Services

Special Education Teacher Signature _____ Date _____

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

Please do not leave any question unanswered.

Language Survey

- 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.