

RSU 22

Verification of Residency

This certification is required as part of the registration process for all students or an address change for existing students.

TWO forms of proof of residency will be required showing the physical address and parent/guardian information.

Name of Student: _____
Last First Middle Initial

Residence: _____

Date of Birth: _____ School Attending: _____

I understand that a minor student is eligible to attend a RSU 22 School if his or her parent or guardian with legal custody resides in Frankfort, Hampden, Newburgh, or Winterport. I hereby certify that I reside in Frankfort, Hampden, Newburgh, or Winterport at the address shown above; that I have legal custody of this student; and that I am this student's:

- Parent
 Legal Guardian
 Other Relationship _____
Please specify

I agree to notify school authorities of any change of address without delay.

Signed this _____ day of _____, _____
Day Month Year

Print Name

Signature

Below for Official School Use Only

Types of residency proof required.

Please check two.

Maine Driver's License # _____
Utility Receipt Dated _____
Real Estate Tax Bill Dated _____
Rental Lease Dated _____
Excise Tax Receipt Dated _____
Other Documentation _____
(Please attach a copy of documentation)

Date: _____

School staff person accepting proof of residency



Regional School Unit 22
AUTHORITY TO TRANSFER EDUCATIONAL RECORDS

TO: _____
(SCHOOL most recently attended)

Street Address City State Zip

Last Date Attended Telephone # Fax #

Name of Student Birthdate

Physical Address City State Zip

Request for educational records includes, but not limited to:

- | | |
|---|---|
| <input type="checkbox"/> MEDMS # (SSID) | <input type="checkbox"/> Test Records |
| <input type="checkbox"/> Academic Records (Official Transcript) | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Special Education Records* | <input type="checkbox"/> Behavioral Records |

***If the student currently receives Special Education services, please fax a copy of the IEP and most current Written Notice to the Special Services Office - Confidential fax number is 207.862.3808.**

The student intends to enroll or has already enrolled in our school district; therefore, please send records to:

The student has applied for enrollment in our school district; therefore, please send copies of records for review only to:

Earl C. McGraw
20 Main Rd. North, Hampden, ME 04444
207.862.3830 (p) 207.862.5649 (f)

Leroy H. Smith School
319 South Main St., Winterport, ME 04496
207.223.4282 (p) 207.223.2267 (f)

George B. Weatherbee School
22 Main Rd. North, Hampden, ME 04444
207.862.3254 (p) 207.862.3141 (f)

Samuel L. Wagner Middle School
19 Williams Way, Winterport, ME 04496
207.223.4309 (p) 207.223.4325 (f)

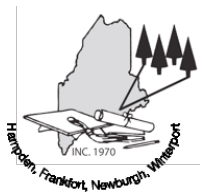
Reeds Brook Middle School
28A Main Rd. South, Hampden, ME 04444
207.862.3540 (p) 207.862-3551 (f)

Hampden Academy
89 Western Ave., Hampden, ME 04444
207.862.4111 (p) 207.862.4592 (f)

Signature of Parent or Guardian

Date

*Section of 99.31 of the Family Education Rights and Privacy Act (FERPA) allows for the disclosure of educational records to officials of another school administrative unit where the student seeks or intends to enroll. Prior consent of the parent or guardian is not required.



Regional School Unit 22 REGISTRATION FORM

Has the child ever been enrolled in RSU 22 schools? No ___ Yes ___ If yes, which school and grade(s): _____	For School Use: Birth Certificate Certified By: _____ Grade: _____ Teacher: _____
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Student Information

Last: _____ First: _____ Middle: _____ Suffix: ___
Gender: _____ Nickname: _____
Date of Birth: _____ Entry Grade Level _____ Home Language _____
Physical Address: _____
Town, State, Zip: _____
Mailing Address: _____
Town, State, Zip: _____
Home Phone: _____ Email: _____
District of Residence: RSU 22 Other: _____
Resident Town: ___ (157) Frankfort ___ (186) Hampden ___ (295) Newburgh ___ (483) Winterport
Country of Residence: _____ Country of Citizenship: _____

In this household, child lives with (check only one).	
Both Parents _____	Father _____
Mother _____	Father and Step parent _____
Mother and Step parent _____	Foster Parent(s) / Guardian(s) _____
Other: _____	Relationship: _____

Information for Parent / Guardian #1

Relationship: _____ Legal Custody? Y ___ N ___ Allowed to Pick Up at school? Y ___ N ___
(If the answer is **NO** to either of the above questions, court documentation is required.)

Last, First: _____ Email Address: _____
Physical Address: _____
Town, State, Zip: _____
Mailing Address: _____
Town, State, Zip: _____
Home Phone: _____ Cell: _____
Employer: _____ Work Phone: _____

Information for Parent / Guardian #2

Relationship: _____ Legal Custody? Y__ N __ Allowed to Pick Up at school? Y__ N __
(If the answer is **NO** to either of the above questions, court documentation is required.)

Last, First: _____ Email Address: _____

Physical Address: _____

Town, State, Zip: _____

Mailing Address: _____

Town, State, Zip: _____

Home Phone: _____ Cell: _____

Employer: _____ Work Phone: _____

Emergency Contact Information

(In the event of a student emergency, the following may pick my student up from school and make dismissal arrangements)

Contact 1 _____ Relationship _____

Phone: Home _____ Work _____ Cell _____

Contact 2 _____ Relationship _____

Phone: Home _____ Work _____ Cell _____

Contact 3 _____ Relationship _____

Phone: Home _____ Work _____ Cell _____

Medical Information:

Has your child received Child Development Services (CDS)? _____ Yes _____ No

Is your child presently receiving Special Education (IEP) services? _____ Yes _____ No

Is your child presently receiving Chapter 504 services? _____ Yes _____ No

Guardianship, Custody, Emancipation Documents

If a custodial parent/guardian wishes RSU 22 schools to comply with the provisions of a court order regarding custody, residency, restricted access to a child or school records, a copy of the court order must be attached.

If the student is an emancipated minor, a copy of the court order must be attached.

If there is a Protection of Abuse order in effect, a copy must be attached.

Enrollment Information:

Maine Migrant Education Program Survey

Please fill out completely to find out if your child may qualify for our free services such as: tutoring, free lunch, 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

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

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.

_____ Active Duty

_____ Full-time National Guard

_____ Part-time National Guard

_____ Not Military Connected

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

Home Language Survey (Please do not leave any questions unanswered.)

What language(s) did your child first speak or understand? _____

What language(s) does your child most easily speak and understand? _____

What language(s) do those who interact with your child frequently use with your child? _____

Immigrant Information

Immigrant _____ US School Entry Date: _____

Refugee _____

Ethnicity

Is student Hispanic/Latino: _____ Yes _____ No

Check all that apply:

_____ American Indian/Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or other Pacific Islander

_____ White

For Pre-K & Kindergarten Enrollments

Enter number of days per week your child attended:

_____ Daycare

_____ Pre-K/4-Year Old Program

_____ Head Start

_____ Nursery School Which one? _____

Signature (mother, father, guardian, foster parent)

Date

**Annual Health Report
2024-25**

Dear Parents/Guardians,

In order for us to keep your child's health record up to date, we would like you to provide the following information:

Child's Name _____ Date of Birth: _____ Grade _____

For Parents of High School Students Only:

Do you wish your child to be given any of the following per request from a stock bottle in the nurse's office?

Acetaminophen (Tylenol) Yes No Ibuprofen (Advil) Yes No

Date of most recent visit to:

Family doctor: ___/___/___ Name of doctor: _____ Phone #: _____

Immunization/booster in the last year? Yes ___ No ___ (If yes, please list type and date)

Type: _____ Date: _____

Eye doctor: ___/___/___ Name of eye doctor: _____ New glasses or contacts? _____

Accidents/illnesses/surgeries within past year: _____

Please list any medication your child takes regularly: _____

If it is medically necessary for your child to have medication administered at school, please contact the school nurse so a medication permit can be sent home for the parent and doctor signature.

Please check the following conditions that apply to the student (if they are changes). Include a brief explanation and any dates where appropriate in the space below. Please notify your school nurse with any concerns/questions. Thank you.

- | | |
|--|-------------------------------------|
| _____ ADD/ADHD | _____ Fainting |
| _____ Allergic to bee stings
mild ___ moderate ___ severe ___ (check one) | _____ Head injury/concussions |
| _____ Allergic to food (list below)
mild ___ moderate ___ severe ___ | _____ Heart Disease/ Defect |
| _____ Allergic to medication (list below) | _____ Kidney disorder |
| _____ Allergic to other (list below) | _____ Lice |
| _____ Arthritis | _____ Menstrual cramps(severe) |
| _____ Asthma | _____ Mental health issues |
| _____ Birth defect/Chromosome disorder | _____ Muscular Dystrophy |
| _____ Blood Disorder | _____ Migraine headaches |
| _____ Blood/ Blood Products not given | _____ Nosebleeds (frequent) |
| _____ Cancer/Leukemia | _____ Osgood- Schlatter's Disorder |
| _____ Cerebral Palsy | _____ Physical activity limitations |
| _____ Color blind | _____ Rheumatic Fever History |
| _____ Cystic Fibrosis | _____ Scoliosis |
| _____ Diabetes | _____ Seizures |
| | _____ Other (list below) |
| | _____ No known health problems |

Explain: _____

It may be necessary to share health information with your child's teacher and/or coach (either verbally, in written form, or by e-mail) to ensure their safety and welfare. Please give your consent to the sharing of pertinent health information by signing below (if you have questions or concerns about this, please do not hesitate to call):

Parent/Guardian Signature _____ Today's date _____

PLEASE NOTE: If you think that your child's medical condition necessitates accommodations in school, please send in a doctor's note documenting this diagnosis to the school nurse.