



## 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: \_\_\_\_\_

### 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:**

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Does the above student suffer from any physical or emotional handicap that we should know about for his/her safety and well being? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specify: \_\_\_\_\_

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  US Arrival Date: \_\_\_\_\_

**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



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		
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, Attn: Vicki Leavitt - confidential fax number is 207.862.3808.**

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

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

Earl C. McGraw Elementary School  
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.

# 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

## Hampden Academy

### Parental/Guardian Chromebook Overview/Consent Form

Student's Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

#### Overview

Hampden Academy has initiated a 1:1 Chromebook program for students in an effort to embrace 21st Century Skills. Students will be using Chromebooks in the classrooms, and, after reading and returning the required agreement; they will be allowed to take their designated Chromebook home to continue schoolwork. Chromebook use will be monitored by building level administration as well as district level administration to gauge use and effectiveness of the device in the classroom. Chromebooks are school owned devices and the contents on the Chromebook can be viewed by school personnel at any time. Students are expected to have their Chromebook with them and fully charged every school day.

#### **Chromebook Goals for Student Users**

- Prepare students for a 21st Century environment.
- Increase productivity and engagement of all learners
- Make student-centered learning a priority
- Increase collaboration, creativity, critical thinking and communication in our students

#### General Guidelines

##### **Students should:**

- Bring the Chromebook to school each day
- Have the Chromebook fully charged and ready for use during the school day
- Keep the Chromebook away from food and drink
- Document any software/hardware issues to the IT Office as soon as possible
- Keep the Chromebook in a well-protected temperature controlled environment when not in use. (Do not leave the Chromebook in a vehicle or location that is not temperature controlled)
- Clean the screen with a microfiber cloth. (Do not use any spray cleaners or liquids)
- Return the Chromebook and charger to the school if the student is no longer enrolled at our School

##### **Students must NOT:**

- Modify or jailbreak the Chromebook in any way
- Apply marks, stickers, or other decoration to the supplied Chromebook or charger
- Exchange Chromebooks with any other student
- Clear or disable browsing history on the device
- Play games on the Chromebook during the school day

**Please read and check each box before signing:**

- I give my child permission to take his/her designated Chromebook outside of school.
- I acknowledge that any damage resulting in repair (i.e. cracked screen, damaged edges that are not covered by warranty) will result in an actual cost repair charge of up to \$250.00. (An exception to this is observed deliberate damage which would result in a full replacement charge of up to \$250.00).
- I acknowledge that the cost for replacing a lost or damaged charger \$20.00.
- I agree that any loss must be immediately reported to the IT Office. I acknowledge that I will be charged for the full replacement amount of up to \$250.00 if the Chromebook is not found.
- I understand that any theft will be reported to the IT Office and the local (where stolen) Police Department immediately and that I must provide a police report to the school's front office.
- I understand that upon the loss or theft of the Chromebook, I may be required to meet with my student and school/district administration prior to another Chromebook being issued.
- I understand that this access is designed for educational purposes. Therefore, my child's actions may result in the removal of his/her Chromebook privileges (either temporary or long-term).
- As a district-owned device, I understand that my child's Chromebook can be searched at any time for improper material or evidence of improper use.
- I understand that Chromebooks are issued and registered to individual students and as such the student is responsible for their assigned Chromebook at all times. Chromebooks will be returned at the end of the student's senior year prior to graduation, when a student transfers or when a student is no longer attending Hampden Academy.

Parent/Guardian's Name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name (please print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I received the following on \_\_\_\_\_  
Date

Please check each box before signing:

- Chromebook
- Charger

\_\_\_\_\_  
Student Signature

# Annual Health Report

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 #: \_\_\_\_\_

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**

- |                                                                                              |                                                            |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> ADD/ADHD                                                            | <input type="checkbox"/> Fainting                          |
| <input type="checkbox"/> Allergic to bee stings<br>mild __ moderate __ severe __ (check one) | <input type="checkbox"/> Head injury/concussions           |
| <input type="checkbox"/> Allergic to food (list below)<br>mild __ moderate __ severe __      | <input type="checkbox"/> Heart Disease/ Defect             |
| <input type="checkbox"/> Allergic to medication or other (list below)                        | <input type="checkbox"/> Kidney disorder                   |
| <input type="checkbox"/> Arthritis                                                           | <input type="checkbox"/> Menstrual cramps(severe)          |
| <input type="checkbox"/> Asthma                                                              | <input type="checkbox"/> Mental health issues (list below) |
| <input type="checkbox"/> Birth defect/Chromosome disorder                                    | <input type="checkbox"/> Migraine headaches                |
| <input type="checkbox"/> Blood or Bleeding Disorder                                          | <input type="checkbox"/> Nosebleeds (frequent)             |
| <input type="checkbox"/> Cancer/Leukemia                                                     | <input type="checkbox"/> Osgood- Schlatter's Disorder      |
| <input type="checkbox"/> Cerebral Palsy                                                      | <input type="checkbox"/> Physical activity limitations     |
| <input type="checkbox"/> Color blind                                                         | <input type="checkbox"/> Scoliosis                         |
| <input type="checkbox"/> Cystic Fibrosis                                                     | <input type="checkbox"/> Seizures                          |
| <input type="checkbox"/> Diabetes                                                            | <input type="checkbox"/> Other (list below)                |
|                                                                                              | <input type="checkbox"/> 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 \_\_\_\_\_