Enrollment Checklist

Students enrolling at **Canaan Elementary, Margaret Chase Smith Community School, Mill Stream Elementary, Skowhegan Area Middle School or Skowhegan Area High School** will need the following documents:

	Forms to be filled out:
	Residency Affidavit Form
	Student Enrollment Form
	Student Transportation Schedule
	Authorization to Release Student Records Form
	Economic Status Form
	Student Health History Form
	Home Language Survey
	Maine Migrant Education Program Survey
	MaineCare Information Release Form
	McKinney-Vento Screener Form
	Items to bring:
	Student's Birth Certificate – certified copy
	Immunization Records
	Court Documents including custodial agreements
	Copies of IEP, if receiving Special Education Services
	Proof of Residency

***Please note: further documentation may be required by your school building**

RSU 54/MSAD 54
RESIDENCY AFFIDAVIT

STUDENT: _____

SCHOOL:_____ GRADE:_____

I, _____ declare that I am the parent or legal guardian of

_____ and I reside at the following address in the town of_____.
(student's name)

Legal Residence: _____
(physical address)

Verification of residency may be submitted by the following means:

_____ Utility bill indicating legal residence (electricity, phone, oil, gas)

_____ Lease Agreement or rent payment receipt indicating legal residence and landlord's address and phone number

_____ Driver's license, car registration or insurance card

_____ Social Services papers (i.e. Social Security, TANF, Homeless Shelter Verification)

_____ Documentation of home ownership from the town office of Canaan, Cornville, Mercer, Norridgewock, Skowhegan or Smithfield

_____ Other _____ (requires Superintendent's approval)

I hereby certify that this information is true and correct. I authorize RSU 54/MSAD 54 to independently verify this information. Misinformation will result in RSU 54/MSAD 54 requesting the student attend school in the actual school system of residence.

_____ _____

Date Signature

Registrar: Please verify by placing your initials next to the appropriate line to verify residency.

RSU 54/MSAD 54

Jonathan D. Moody
Superintendent of Schools

Mark P. Hatch
Assistant Superintendent

David A. Leavitt
Support Services Manager

Dear Parent/Guardian:

State of Maine law requires that you provide your child's birth certificate when registering for school. A copy of your child's birth certificate is essential for student registration. Thank you if you have already provided your child's birth certificate.

If a birth certificate is not immediately available, you have 60 days to provide one to your child's principal. After 60 days, the State authorizes the school district to assess a fine to parents who fail to comply with this law. It is essential that you provide a copy of your child's birth certificate.

In advance, thank you for your cooperation. If you have any questions, please feel free to contact your child's principal.

Sincerely,

Jonathan D. Moody
Superintendent of Schools for RSU 54/MSAD 54

RSU# 54 Enrollment Form

School: **Grade:**

A COPY OF THE STUDENT'S BIRTH CERTIFICATE MUST BE PROVIDED WHEN ENROLLING

RSU# 54 Enrollment Forms and Emergency/Permissions Sheets are stored in secured locations.

This form must be signed before starting school. All student information on this form is required and is used for local, state and federal funding.

-- Office Use Only --	PS Student #:	State #:
Date of Entry:	Homeroom Teacher:	Birth Certificate certified by:
Immunization records:		If homeschool, % of day in school:

Has this student been enrolled in RSU #54 before? ____YES ____NO

Please complete all information below using the lines provided.

STUDENT NAME LAST: FIRST: MIDDLE:

Date of Birth:_____ Gender: _____ Place of Birth:_____ Year of Graduation: _____

Home Phone:_____ Student Cell Phone:_____

Town of legal Residence: _____

Physical Address:_____ City:_____State:_____ Zip:_____

Mailing Address:_____ City:_____State:_____Zip:_____

Does student trace origins to Mexico, Puerto Rico, Cuba, Central and So America, and other Spanish cultures (regardless of race) Yes / No

Race (circle all that apply) White Black-African American Asian American Indian Alaska Native Native Hawaiian-Other Pacific Islander Multi

If student's US citizenship status is immigrant, enter US arrival date :_____ Enter date first enrolled in US School:_____

MEDICAL INSURANCE

Name of Medical Insurance:_____Policy and Group Number: _____

PREVIOUS SCHOOL INFORMATION

School Attended:_____ Grade Level:____ School Phone:_____

District Attended:_____ School Address: _____

HOMESCHOOL INFORMATION

If the student is currently homeschooled, are they enrolling in RSU#54 **Part Time or Full time**

If part time, is homeschool application filed with the state? Yes / No

Homeschool grade level

MILITARY FAMILY CONNECTION

If one or both parents are in the active uniformed service of the United States or within one year of medical discharge or retirement from active uniformed services, please circle one: **Active Duty / Full Time National Guard / National Guard or Reserve / Not Military Connected**

HOMELESS STATUS

If the student & immediate family are currently in a homeless situation, circle one: **In a shelter ~ Doubled up ~ Unsheltered ~ Motel/Hotel**

For Students Only: If you are an Unaccompanied Minor, are you currently: **In a shelter ~ Doubled up ~ Unsheltered ~ Motel/Hotel**

DAY CARE PROVIDER INFORMATION

Name:_____ Phone: _____

Address: _____

Day Care / Bus Instructions:

SPECIAL SERVICES

Is the student currently receiving Special Education Services?	**Yes**	**No**
Does your child have a 504 Plan?	**Yes**	**No**
Has the student received Title 1 in the past?	**Yes**	**No**
Has the student received English Language Lerner (ELL) Services in the past?	**Yes**	**No**

All numbers provided may be called in a district/school wide emergency

Contact Priority 1

Name: Relationship: Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent

Priority	Phone	Ext	Text	Automated calls?
Mobile		x	☐	☐
Home		x	☐	☐
Work		x	☐	☐
			☐	☐
			☐	☐

☐ **Receives Alert**
☐ Has or shares custody
☐ Court Order In Place
☐ Lives with student
☐ Call for school pick up
☐ Call in emergency

Mailing Address ☐ **Same as student**

Email

Contact Priority 2

Name: Relationship: Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent

Priority	Phone	Ext	Text	Automated calls?
Mobile		x	☐	☐
Home		x	☐	☐
Work		x	☐	☐
			☐	☐
			☐	☐

☐ **Receives Alert**
☐ Has or shares custody
☐ Court Order In Place
☐ Lives with student
☐ Call for school pick up
☐ Call in emergency

Mailing Address ☐ **Same as student**

Email

Contact Priority 3

Name: Relationship: Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent

Priority	Phone	Ext	Text	Automated calls?
Mobile		x	☐	☐
Home		x	☐	☐
Work		x	☐	☐
			☐	☐
			☐	☐

☐ **Receives Alert**
☐ Has or shares custody
☐ Court Order In Place
☐ Lives with student
☐ Call for school pick up
☐ Call in emergency

Mailing Address ☐ **Same as student**

Email

Contact Priority 4

Name: Relationship: Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent

Priority	Phone	Ext	Text	Automated calls?
Mobile		x	☐	☐
Home		x	☐	☐
Work		x	☐	☐
			☐	☐
			☐	☐

☐ **Receives Alert**
☐ Has or shares custody
☐ Court Order In Place
☐ Lives with student
☐ Call for school pick up
☐ Call in emergency

Mailing Address ☐ **Same as student**

Email

Additional Contact 1

Name:		Relationship:		
Priority	Phone	Ext	Text	Automated calls?
Mobile		x	☐	☐
Home		x	☐	☐
Work		x	☐	☐
			☐	☐
			☐	☐

☐ Can pick up from school
☐ Emergency Contact

Additional Contact 2

Name:		Relationship:		
Priority	Phone	Ext	Text	Automated calls?
Mobile		x	☐	☐
Home		x	☐	☐
Work		x	☐	☐
			☐	☐
			☐	☐

☐ Can pick up from school
☐ Emergency Contact

Please list brothers, sisters and all children living in the home. (Attach another sheet of paper if additional space is needed.)

Name (Last,First)	**Age**	**Birthdate**	**School**	**FamilyID Office Only**
Name:_____	Age: _____	Birthdate: _____	School:_____	FamilyID:
Name:_____	Age: _____	Birthdate: _____	School:_____	FamilyID:
Name:_____	Age: _____	Birthdate: _____	School:_____	FamilyID:
Name:_____	Age: _____	Birthdate: _____	School:_____	FamilyID:
Name:_____	Age: _____	Birthdate: _____	School:_____	FamilyID:
Name:_____	Age: _____	Birthdate: _____	School:_____	FamilyID:

Student Information Notices and Agreements

STUDENT COMPUTER AND INTERNET USE

Student use of school computers, network and internet is provided to all RSU#54 students. The RSU community recognizes that the use of technology is essential to the success of our students education. Students are required to comply with the student computer and internet policy (IJNDB) and accompanying rules (IJNDB-R) and (IJNDB-E).**Full Policy is available online and copies are in every school office. By signing below, I agree to abide by the RSU#54 Acceptable Use Policy, and I assume responsibility for the device, charger and case.**

MENTAL HEALTH SUPPORTS

Students access our school counselors and school social workers for a variety of reasons including friendship issues, conflict resolution, and mental health needs. Long term and short term clinical counseling supports are also available to our students through our school counseling offices. By signing below, I agree for my child to access clinical counseling services when and if necessary.

DIRECTORY INFORMATION - (Annual Notice of Student Education Records Rights)

Under the federal Family Educational Rights and Privacy Act (FERPA), RSU# 54 has designated the following student information as directory information that can be made public at its discretion: name, participation and grade level of students in officially recognized activities and sports, height and weight of student athletes, dates of attendance in the school unit, and honors and awards received. However, parent(s)/guardian(s) and eligible students over 18 do have the right to request that directory information not be released.

___ **YES**, I do grant permission for directory information about my child to be released (this includes releasing honor roll information)

___ **NO**, I do not grant permission for directory information about my child to be released (honor roll information will not be released)

INFORMATION ON RSU# 54 WEBSITES

RSU# 54 maintains a website/social media to provide information about the schools, its programs and activities, and student and staff achievements. Maine law requires public schools to obtain written approval from parent(s)/guardian(s) prior to publishing personal information about students on the Internet. Such information may include: full names of students in connection with class rosters, honor rolls, awards received, and team/activity participant lists; group and/or individual photographs of students, individual student or class work (including but not limited to creative writing, research projects, art work, music performances, and audiovisual presentations)

___ **YES**, I do grant permission for my child's information to be published on the RSU# 54 websites.

___ **NO**, I do not grant permission for my child's information to be published on the RSU# 54 websites.

OUTSIDE MEDIA

On occasion, RSU# 54 allows media outlets such as local newspapers, radio stations, and television stations to visit the school to report on school programs and activities. You have the right to deny permission for your child's name, picture, voice, or statements to be used by outside media. However, please note that permission is not required for events open to the public such as athletic events, concerts, performances, and graduation ceremonies.

___ **YES**, I do grant permission for the use of my child's name, picture, voice, and/or statement to be used by outside media.

___ **NO**, I do not grant permission for the use of my child's name, picture, voice, and/or statement to be used by outside media.

NOTE TO PARENT(S)/GUARDIAN(S):

Permissions remain in effect until modified by the parent(s)/guardian(s). A signature is required below to modify any of the above permissions. This form may be requested at any time in order to make modifications.

I give permission for RSU# 54 to provide necessary medical treatment for my child if he/she is injured or becomes ill at school. In the event I cannot be reached in an emergency, I give permission for RSU# 54 to transport my child to a medical facility to obtain medical care. I understand that RSU# 54 does not assume any financial responsibility for the provision of medical transportation and/or medical care, and any charges for such services remain my responsibility.

Month/Day/Year	Student Name	Student Signature
Month/Day/Year	Parent/Guardian Name	Parent/Guardian Signature

Office Use Only
Grade:
Enrollment date:
Practice bus run:

Transportation Department
207-474-9043

Regional School Unit 54
Student Transportation Information

Student Name: _____ **DOB:** _____

Home Address: _____

Phone: _____

School Attending _____ **Grade** _____

Please choose one of the following:

☐ Student will not ride bus (walker or parent transport)

☐ Student will ride bus (please fill out form below)

	A.M Pick Up				P.M Drop Off		
	Pick UP Location Name & Address	Pick up Phone	Bus Number & Drivers Name		Destination Name & Address	Destination Phone	Bus Number & Drivers Name
SAMPLE	**Home 123 Main St, Skowhegan**	**474-5555**	**12-Poulin**		**ABC Daycare 456 Elm St., Skowhegan**	**474-4747**	**2-Smith**
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Kindergarten/First Grade Students ONLY – please choose Yes or No

Yes_____ Adult present for drop off No _____ Adult not present for drop off

Please Note: if answer is Yes, and no adult is visible, your child will be returned to their school and parent/guardian will be responsible for picking child up.

_____ _____ _____

Parent/Guardian Signature **Parent/Guardian Printed Name** **Date**

Authorization to Release Student Records

I, _____, authorize the sending school (listed below)

***THIS INFORMATION IS REQUIRED IN ORDER FOR US TO REQUEST STUDENT RECORDS**

Student	Grade	Previous School Name	Previous School Address	Previous School Phone

To forward the following items:

_____ Prior report cards

_____ Results of the standardized tests and results of test administered such as Key Math, WISC, Woodcock Reading, WIAT, etc

_____ Copies of IEP minutes

_____ Health Records including immunizations

_____ Birth Certificate

_____ Other information which you feel we should know

For student(s) that have enrolled at:

	Canaan Elementary School	Grades PK-2	178 Main St. Canaan, ME 04924	Fax: (207)742-7832
	Margaret Chase Smith Community School	Grades PK-5	40 Heselton St Skowhegan, ME 04976	Fax: (207) 742-7834
	Mill Stream Elementary School	Grades PK-5	26 Mercer Rd. Norridgewock, ME 04957	Fax: (207) 742-7833
	Skowhegan Area Middle School	Grades 6-8	155 Academy Cir Skowhegan, ME 04976	Fax: (207) 742-7831
	Skowhegan Area High School	Grades 9-12	61 Academy Cir Skowhegan, ME 04976	Fax: (207) 742-7830

Authorized Parent/Guardian Signature:_____ Date: _____

Parental consent is not required when educational, discipline, or attendance records are requested by authorized school personnel. Parental consent is required to request the transfer of confidential student health records. Please see the Family Educational Rights Privacy Act. Final Rule on Education Records Federal Register, June 17, 1976, Vol. 41, No. 118, page 2465731.

MSAD 54 2026-27 Economic Status Form

Your school receives free meals through the State of Maine. However,this form will provide information needed by the Maine Department of Education to determine MSAD 54's eligibility status for State Economically Disadvantaged funds available under the Essential Programs & Services Funding Act. ****Data in this form is not for school lunch purposes, only to determine economic disadvantaged status for allocation of State education funds.**
If you have any questions, please call the office at 207-474-9508. **This form should be returned with your registration packet by Sept 4, 2026.**

Note: MSAD 54 does not share any personal information from this form. **We urge you to please fill this form out accurately. MSAD 54 and our local taxpayers benefit by accurately reporting this information as we receive subsidy from the federal government for each family that qualifies.** Thank you!

Section 1: Student Information

Instructions: List all students In the household, through grade 12.

Student's First Name	Student's Last Name	Student's Current Grade

Section 2: Household Income*

Step 1.Check off your household size **(The total number of people, including all children and adults, related and un-related, that live in a single dwelling and share income and expenses)**.
Step 2. *Below* your selected ***household size*** please select ***one*** of the two choices for yearly total household income range.

Step 1 Household Size	**1** ☐		**2** ☐		**3** ☐		4 ☐		**5** ☐		**6** ☐		**7** ☐		**8** ☐	
Step 2 Income Range	☐	**$0 up to $29526.00**	☐	**$0 up to $40,034.00**	☐	**$0 up to $50,542.00**	☐	**$0 up to $61,050.00**	☐	**$0 up to $71,558.00**	☐	**$0 up to $82,066.00**	☐	**$0 up to $92,574.00**	☐	**$0 up to $103,082.00**
	☐	**$29526.01 or more**	☐	**$40,034.01 or more**	☐	**$50,542.01 or more**	☐	**$61,050.01 or more**	☐	**$71,558.01 or more**	☐	**$82,066.01 or more**	☐	**$92,574.01 or more**	☐	**$103,082.01 or more**

If your household has 9 or more people, please add $10508.00 for each additional member

Signature of Parent: _____ Date:_____

Printed Name of Parent: _____

* Economically disadvantaged status is defined as students who are at or below 185% of Poverty Level per the current USDA Income Eligibility Guidelines https://www.govinfo.gov/content/pkg/FR-2024-02-20/pdf/2024-03355.pdf.
**Essential Programs and Services Statute 20-A §15672(3)

RSU#54

Student Health History

Student Name:_____ Student DOB: _____Grade: _____
Resides with: (Please circle one): Mom Dad Both parents Guardian/other_____
Address (Street, Town, ZIP code):_____
Phone Number(s): Home: _____ Cell: _____ Work: _____
Family Doctor/Pediatrician: _____ Family Dentist: _____

Does your child **CURRENTLY** have any of the following? **Please circle: Yes or No**

Yes	No	Allergies: (Medication, food, environmental, bee stings, etc.)
Yes	No	If the allergy requires an Epi-Pen, does the physician allow them to self-carry?
Yes	No	Asthma:
Yes	No	**Does the student have an Asthma Action Plan from their doctor?**
Yes	No	Does the physician allow the student to self-carry their inhaler?
Yes	No	Epilepsy/Seizures **(Please provide Seizure Treatment Plan)**
Yes	No	Diabetes **(If insulin dependent, please provide Diabetes Orders)**
Yes	No	Physical limitations that interfere with daily activities
Yes	No	Attention Deficit Disorder or ADHD: Meds?
Yes	No	Behavioral or Emotional difficulties
Yes	No	Migraine headaches
Yes	No	Vision or hearing deficits (glasses, contact lenses, hearing aids)
Yes	No	Incontinence (bed wetting, still potty training, etc.)
Yes	No	Speech difficulties

Have any of these occurred with your child **IN THE PAST?** **Please circle: Yes or No**

Yes	No	Significant injury: (fracture, dislocation, etc.)
Yes	No	Chronic Illness: Diagnosed with a chronic illness – Diabetes, Celiac Disease, etc.
Yes	No	Head injury: (concussion, skull fracture, etc.)
Yes	No	Surgery or hospitalization

General Information regarding your child: **Please circle Yes or No**

1	Yes	No	Up-to-date on their immunizations?
2	Yes	No	Received immunizations **in the past year?**
3	Yes	No	Currently under a doctor's care for a medical condition?
4	Yes	No	Currently taking medication at home?
5	Yes	No	Required to take medication during the school day?

If you answered **YES to questions 3, 4 or 5** please explain here: Please include any other information you would like us to know about your child.

_____

_____

_____

Parent/Guardian Signature: _____ **Date:**_____

LANGUAGE USE SURVEY

Dear Parent/Guardian:

Speaking more than one language is a valuable asset. We encourage families to maintain their native language(s) while learning English. Students who speak or understand another language may be eligible for support to improve their English and help meet Maine's academic standards. The following questions, required for all students from pre-kindergarten through grade 12, will help your school determine if your child may benefit from English language support services.

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. You have a legal right to have any communication from the school in a verbal or written format in the language you can best understand.

If a language other than English is indicated below, your child will complete an English language proficiency (ELP) screener. Depending on your child's performance, your child may be identified as an English Learner and eligible for English language support. Be assured, your responses will be used solely for educational purposes and kept in your child's school file, accessible only to school staff. School employees are not permitted to ask about your family's immigration status.

Thank you for providing this information and best wishes for your child's academic success.

Student's Name:	Date of Birth:
School:	Anticipated Grade:

Please do not leave any question 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 English is the only language identified on the Language Use Survey (Questions 1-3 above), an ELP screener may be administered **only if** this section is completed by a teacher and then approved by the Multilingual Director/Coordinator or Language Access Committee. Describe evidence that the student's English language development has been influenced by their primary or home language other than English:

Signatures: Teacher _____ Date: _____

Multilingual Director/Coordinator _____ Date: _____

PLACE THE ORIGINAL OF THIS COMPLETED DOCUMENT IN THE STUDENT'S PERMANENT RECORD FOLDER

Legal Basis: Section 3111, Elementary and Secondary Education Act of 1965

Maine Title I-C Highly Mobile Students Education

School Survey 2026-2027

School Name: _____ School District: _____

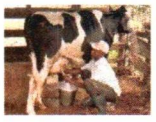
The following information is confidential and for Title I-C screening only.
*Please complete to see if your child may qualify for **free services** such as: **free tutoring, access to basic needs, educational enrichment activities, and graduation support.***

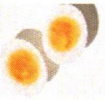
1. **Have your children moved with you across school district lines in the last 3 years?**
   ☐ **Yes** ☐ **No**

2. **If yes, was this move related to you and/or your children engaging in seasonal or temporary agricultural, fishing or livestock work?** ☐ **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

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.

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/migranted/migrantedform

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

CONSENT FOR RELEASE OF INFORMATION TO ACCESS MAINECARE REIMBURSEMENT FOR HEALTH RELATED SUPPORT SERVICES

School Administrative Unit: _____

Our School Administrative Unit continues to participate in a system whereby the Federal Government's Medicaid program reimburses local school districts for a portion of the costs of health related special education services provided to Medicaid eligible children. While your Medicaid eligible child will continue to receive services at no cost to you, the state Medicaid agency (MaineCare) reserves the right to access your private insurance to recover some of the cost of reimbursing these services. However, most insurers do not cover Individualized Education Program (IEP) related services. The information you voluntarily provide by completing this consent form will only be used for the purposes identified. Our district has contracted the services of EDMS to confidentially administer our Medicaid Program.

Please fill in the information below, sign the form, and return it to the address indicated:

Parent / Guardian: _____
(Name of parent or person in parental relationship)

Student's Legal Name: _____

Student's Date of Birth: _____ (MM/DD/YYYY) _____

As parent/guardian of the child named above, I give permission to disclose personally identifiable information concerning health-related support services in my child's Individualized Education Plan(s) (IEP), as well as other personally identifiable information including test scores, evaluation results and any other relevant diagnostic information from my child's educational records to state and/or federal Medicaid administration representatives or their designees for the sole purpose of claiming Medicaid reimbursement for covered health related support services in my child's IEP(s). I understand and agree that the School Administrative Unit may access my or my child's Medicaid benefits to pay for health-related support services in my child's IEP(s). I also understand that if I refuse to consent to the release of this information, my refusal does not relieve the School Administrative Unit of its responsibility to provide the IEP ordered services at no cost to me for children 3-20 years of age [34 C.F.R. § 300.154 (2013)]. I further understand that this consent also allows MaineCare to bill any other insurance I have for my child as required by federal regulation.

This permission is for any time my child is eligible and in the event that my child becomes eligible in the future for the sole purpose of the release of information relative to accessing MaineCare reimbursements for IEP services.

Signature: _____ **Date:** _____
(Parent or person in parental relationship)

If you have questions regarding this form please contact:

Please return this form to:

MCKINNEY-VENTO SCREENER

School Name_____

Your child may be eligible for additional educational services depending on your housing situation. Additional services and rights include the right to stay at the same school even if you move and access to free meals at school. Eligibility can be determined by completing this questionnaire. This information is only for education purposes and is protected as an educational record under r the Federal Educational Rights and Privacy Act (FERPA).

1. Where do you and your family currently live?

Section A

☐ Live in my own home (rent or own) with immediate family (spouse/partner, children, parents).

***STOP:* Please return this form without completing the remaining sections.**

Section B

Where has your family stayed at night?
Please check ALL the boxes for places you have slept over the past year.

☐ Staying temporarily with friends, relatives or other people ("couch-surfing")

☐ With an adult that is not a parent or legal guardian

☐ At a hotel, motel, in a camper or 5th wheel

☐ In a place that lacks water, electricity, or heat; is infested with vermin or mold; lacks working kitchen or a working toilet; presents unreasonable dangers to adults, children, or persons with disabilities

☐ In a car, tent, park, bus or train station, abandoned building, shed, or other public place

☐ In a temporary shelter or other temporary housing

☐ In transitional housing or an independent living program

☐ Other (please note):_____

***CONTINUE:* If you checked a box in Section B, complete the remainder of this form.**

2. If you checked a box in Section B, your child(ren) may be eligible for additional support. Please list their information below, including children who are not yet school aged.

Student(s) Name First Middle Last	D.O.B.	Grade	School Name

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2) Transportation to the school of origin for the regular school day;
3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at or the State Coordinator at (207) 557-1787.

Renee Stevens- MSAD 54 Homeless Liaison Office: 474-7424 rstevens@msad54.org

Signature of Parent/Guardian/Unaccompanied Youth Date

Signature of McKinney-Vento Liaison Date