Valley Rivers Middle School/Fort Kent Community High School

Student Information Update

STUDENT FULL LEGAL NAME:_____ __

STUDENT'S RESIDENCE (STREET ADDRESS):_____ __

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

Resident town:_____

HOME TELEPHONE NUMBER:_____**DATE OF BIRTH:**_____ _

STUDENT'S CITY, TOWN, STATE OF BIRTH:_____**Mother Maiden Name:**_____

STUDENT LIVES WITH (CHECK ALL THAT APPLY):

__Father	Father Name:_____	Phone:_____
__Mother	Mother Name:_____	Phone:_____
__Legal Guardian	Guardian Name:_____	Phone:_____

PARENTS ARE: Together_____ Separated_____ Divorced _____ Mother Deceased _____ Father Deceased _____

STUDENT RESIDES WITH: Both parents_ Mother _____ Father _____ Foster Parents_____ Other _____

MOTHER:_____ _____FATHER: _____

Mother Address:_____ Father Address:_____

MOTHER HOME PHONE:_____ FATHER HOME PH: _____

MOTHER CELL PHONE:_____ FATHER CELL PHONE: _____

MOTHER EMPLOYER:_____ FATHER EMPLOYER: _____

MOTHER WORK PHONE:_____ FATHER WORK PHONE:_____

MOTHER EMAIL:_____ FATHER EMAIL:_____

STEPFATHER:_____ STEPMOTHER: _____

CONTACT PHONE:_____ CONTACT PHONE:_____

GUARDIAN:_____

HOME PHONE: _____

CELL PHONE: _____

EMPLOYER: _____

EMPLOYER PHONE: _____

EMAIL: _____

GUARDIAN:_____

HOME PHONE:_____

CELL PHONE:_____

EMPLOYER:_____

EMPLOYER PHONE: _____

EMAIL: _____

IF STUDENT IS A FOSTER CHILD (STATE CUSTODY) PLEASE LIST CASEWORKER AND PHONE: _____

IS THERE COURT APPOINTED CUSTODY FOR THIS STUDENT? YES_____NO_____ _____

DOES THE NON-CUSTODIAL PARENT HAVE LEGAL ACCESS TO THE CHILD AND THEIR RECORDS? YES_____ NO_____

F YES, DO THEY WIif ySH TO RECEIVE MAILING FROM THE SCHOOL? YES____NO _____

I

I understand the school will try to contact the parent before calling the doctor. In the event that I can not be located, permission is given to the school to call a doctor and/or take my child to an emergency hospital for treatment, by ambulance if necessary. If serious illness or accident occurs at school, please take my child to:

Doctor:_____Phone_____or Doctor_____Phone_____

Medical Alerts the school should be aware of:

In the event that an injury to my child's teeth occurs that requires emergency care, please contact: Dentist:_____Phone_____

In the event that injury to child's eyes occurs that requires emergency care, please contact: Optometrist:_____Phone_____

PARENT SIGNATURE:_____DATE:_____

EMERGENCY CONTACTS:

NAME:_____RELATIONSHIP TO STUDENT:_____

HOME PHONE:_____CELL PHONE:_____

NAME:_____RELATIONSHIP TO STUDENT:_____

HOME PHONE:_____CELL PHONE: _____

NAME:_____RELATIONSHIP TO STUDENT:_____

HOME PHONE:_____CELL PHONE:_____

I certify that I am the parent or legal guardian for the student identified on this enrollment. I understand that MSAD # 27 School District reserves the right to require proof of guardianship and or custody. I will provide a Court Judgment Allocating Parental Rights and Responsibilities within 30 days of registration *if necessary*. If this guardianship or custody information changes, I agree to bring it to the immediate attention of the MSAD # 27 School District.

Date:_____Parent/Guardian Signature:_____

MSAD # 27 EMERGENCY INFORMATION

In the event that school should be dismissed early due to poor weather conditions or another natural disaster/emergency that does not allow us to contact you, or in the event your child is dropped off and you are not at home, please indicate below and review with your child what you have established for a plan for him/her (to go to the neighbors, a local store, etc.)

IF SCHOOL IS DISMISSED EARLY, MY CHILD SHOULD GO: CHECK ONE BELOW

_____**HOME & ADDRESS:** _____

___**BABYSITTER OR OTHER : NAME:**_____**ADDRESS:**_____**PHONE:**_____

FOR OLDER STUDENTS YOU WANT TO PROVIDE THEM WITH A HOUSE KEY AND INSTRUCTIONS UPON ENTERING THE HOME TO CONTACT YOU IN THE EVENT THAT YOUR BACK-UP PERSON IS NOT THERE. ***PARENTS AND BABYSITTERS ARE REQUIRED TO BE OUTDOORS WHEN THE BUSES DROP OFF STUDENTS IN GRADES PREK-3. THE DRIVER WILL WATCH FOR SOMEONE, THUS INSURING NO ONE IS LEFT AT AN EMPTY HOUSE.***

Please indicate below the plan you have developed with your child in the event they come home and no one is there.

__My child has a key and will call_____ at phone #_____

(name)

__My child will walk to_____located at:_____Phone:_____

(name of residence / business) (address)

Please describe a 2nd alternative you have developed for your older child in the event that the residence or business where he/she is to walk is not home or open: _____

_____

_____

_____

Please list the phone number of the second alternative for your child:_____

In a joint effort to keep your child safe, please review this plan periodically with your child. Thank you!

TRANSFER OF STUDENT RECORDS REQUEST

MSAD #27 Registration

Att: Leah Dionne
Fort Kent Elementary School
108 Pleasant Street
Fort Kent, ME 04743
TEL: (207)834-3456
FAX: 207-834-5169

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS AND/OR EXCHANGE OF CONFIDENTIAL INFORMATION

This is to certify that the parent/guardian of the child/children listed below do hereby request that the educational records, including all special education records (if applicable), of these child(ren) be transferred to MSAD # 27 Registrar Office as soon as possible.

All records listed below should be mailed directly to MSAD # 27 promptly. The items in the box to the right, we request to be FAXED immediately in order to enroll student as soon as possible. Thank you!

PLEASE FAX ASAP:

-IEP/EVALUATION OR 504
-BIRTH CERTIFICATE
-IMMUNIZATION RECORDS
-TRANSCRIPT
-CLASS SCHEDULE
-TRANSFER GRADES
TO: Leah Dionne
leahdionne@sad27.org
FAX#: 207-834-5169

HEALTH RECORDS including immunizations, screenings, etc.
Birth certificate
Guardianship papers (if applicable)
Education Records (cumulative file)
Psychological/Special Education Records (ADORI) Attendance
Transcript
Completed term/semester
grades Grades to date of leaving
Standardized test scores
Behavioral, discipline
Information
Expulsion or Suspension Information (if applicable)

Name of Previous School: _____

School Address: _____

Tel:_____FAX _____

Child's Name:_____DOB:_____

Highest grade level successfully completed:_____Enrolling Grade:_____

Parent/Guardian Signature:_____Date: _____

Printed Name:_____

_____

Or School Official/Registrar:_____Date: _____

MSAD # 27
Web, Print, & Presentation Media Permission Form
2021-2022

Yes or No will be indicated for each statement (Please circle)

Print:

I grant permission for **photos of my child's** participation in school activities to appear in print media, such as Fiddlehead Focus or the Bangor Daily News. By indicating yes, you acknowledge that his or her name may appear with his or her work.
YES NO

World Wide Web:

I grant permission for **photos and/or video clips of my child's** participation in school activities to appear on the MSAD # 27 web pages. (No names will be published with images on school department web pages).

I grant permission for **my child's work** to be posted on the MSAD 27 web pages, using my child's first name only. I understand that, in the event that anyone requests permission to copy or use my child's work, those requests will be forwarded to us as parents.
YES NO

Educational Presentations :

I grant permission for MSAD # 27 educators to present examples (print, digital, or video) of my child's work and/or participation in school activities at educational conferences, workshops, and classes and at venues that promote the school or school department.
YES NO

**Student's addresses, phone numbers, and email address will NOT be published.

I understand that the viewing and use of this material once published cannot be controlled by MSAD # 27.

_____ _____ Date: _____

Signature of Parent/Guardian Printed Name of Parent/Guardian

Date: _____

_____ _____ _____

Signature of Student Printed Name of Student

MEDICAL UPDATE FORM
MSAD # 27
SCHOOL YEAR 2023-2024

Parent/Guardian,
In order to bring each student health record up-to-date, this form should be filled out and returned to the school nurse.

Student Name: _____ Date of Birth:_____ Grade:____ Teacher:_____

Parent/Guardian Name:_____

Home Phone:_____ Cell Phone_____ Work Phone _____

ASTHMA: YES_____NO_____ If YES, Will your child require an inhaler at school? YES_____No _____

ALLERGIES: YES:_____ NO_____IF YES, PLEASE LIST ALL ALLERGIES YOUR CHILD HAS, INCLUDING BEES OR OTHER INSECT STINGS, FOOD, MEDICATION, ENVIRONMENTAL, OR OTHER:_____

ALSO, IF YES, DOES YOUR CHILD NEED AN EPI-PEN OR BENADRYL? YES_____NO_____ IF "YES", PLEASE PROVIDE MEDICATION AND YOU WILL NEED TO HAVE A MEDICAL AUTHORIZATION FORM FILLED OUT BY YOUR CHILD'S DOCTOR.

DIETARY RESTRICTIONS: (Does your child have a special diet for health reasons?) YES_____NO_____
IF "YES", PLEASE EXPLAIN:_____

DAILY MEDICATIONS: NOTE: Any time your child needs to take prescription or over the counter medication at school, a medication authorization form provided by the school must be completed and returned before school personnel will administer medication.

HEALTH CHANGES/UPDATES: Did your child have any illness, accident, or hospitalization over the summer (past three months)?_____

IMMUNIZATIONS: Has your child received any immunizations in the past year? YES_____NO_____

Name of Doctor_____Telephone:_____

Parent/Guardian Signature:_____Date:_____ ___

TRANSPORTATION

Dear Parents,

If your child will be riding the MSAD #27 school bus, we need the following information. If your child will be with a sitter during some part of the day, please provide all the information so that we can finalize our bus routes. Please remember we must have street name and house number. NOT P.O. Box numbers.

Please fill all sections below

Child's name_____GRADE_____
Home address_____
Phone number_____
Sitter's name_____
Sitter's address_____
Sitter's phone_____

Daily morning arrangements:

My child will be picked up at_____ home _____sitter
I will bring my child to school _____ _____

After school:
My child will be dropped off at_____home_____sitter
I will pick my child up (2:45) _____

Signature_____ Date_____

Maine Military Identifier

The Every Student Succeeds Act (ESSA) mandates that all schools identify Military Students within its district as of the 18/19 school year. The Department of Education is implementing this requirement to ensure that students in **military households are receiving an appropriate education in the face of potential academic challenges due to frequent moves and the stressors of deployment while their parent or guardian is serving our country.**

Did you know that there are over 500,000 students of active duty service members attending public schools in the United States today? Did you know that those students will move 6-9 times throughout their parent's military service while completing grades K-12? Did you know that service members in the National Guard & Reserves can deploy as often as active duty service members? These families carry on at home while their service members are away protecting our country.

In the State of Maine, there are roughly 1000 Active Duty and 5000 National Guard & Reserve dependents dispersed throughout our communities, neighborhoods and schools. You may not even know that they are a part of a Military Family. They may or may not know other military connected children in our community but, like all children, they bring something special to our schools.

AT NO TIME IS ANY PERSONALLY IDENTIFIABLE INFORMATION FROM THIS FORM SHARED WITH ANY ENTITY OUTSIDE OF THIS SCHOOL DISTRICT

Please answer the following (*One form per student please)*

Parent/Guardian's Name(s):_____

Student's Name_____Student's Grade:_____

Please circle one of the following - Parent or Legal Guardian is Currently...

1.	**NOT Connected to the United States Military**
2.	**Active Duty** iu **the United States Army, Navy, Air Force, Marines, US Coast Guard defined as** *full-time duty in the active military service of the United States, including full time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned.*
3.	**Full Time National Guard defined as** *training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.*
4.	**Option 2 and 3 BOTH apply for this student**
5.	**Part-Time National Guard and Reserve**
6.	**Veteran**

To access more information about services available to Military families please go to www.NavyMWRMidlant.com/PNSY/SLO

We appreciate your time in filling out this form and take this opportunity to thank our Military Families for their service.

Maine Migrant Education Program

School Name:_____ School District:_____

Has your family moved across school district lines in the last 3 yrs? ☐ Yes ☐ No ☐ N.A. (If you answered yes, please continue) **If no, please sign under Parent Signature Below.**

Did your child(ren) make the move with you? ☐ Yes ☐ No ☐ N.A. (If you answered yes, please continue)

Do you currently work in agriculture, fishing or forestry? ☐ Yes ☐ No ☐ N.A If yes, please circle all that apply on the list below:



Feed Cattle, Processing, Packing



Dairy



Eggs



Cultivation, Preparation of soil



Fishing, fish Processing



Harvest (fruit and vegetables)



Milling, Cotton

Trees Planting, Cutting



Greenhouse, Nursery, Sod

Parent/Guardian Name:_____Phone:_____ ___

Street Address:_____City:_____ _

Please list children below:

First Name	Last Name	Grade	Date of Birth

Parent's/Guardian's signature:_____ Date: _____

*Please distribute survey to all new enrollees; only mail to the DOE office (23 State House Station, Augusta, Maine) those surveys who have responded **yes** to all three questions and send surveys as families complete them. **Do not wait until the end of the school year. If you have any questions, please call 207-624-6722. Thank you!**

McKinney Vento Intake Form

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act 42 U.S.C. 11435 and must be completed by each student that registers.

Student_____Parent/Guardian_____

School_____Phone_____

Age_____Grade_____D.O.B._____

Address_____City_____

Zip Code_____

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):
___House or apartment with parent or guardian
___Motel, car, or campsite
___Shelter or other temporary housing
___With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

__Loss of housing
__Economic situation
__Temporarily waiting for house or apartment
__Provide care for a family member
__Living with boyfriend/girlfriend
__Loss of employment
__Parent/Guardian is deployed
__Other (Please explain)

Are you a student living apart from your parents or guardians? Yes No

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 [207-834-3481] or the State Coordinator at [207-624-6722].

By signing below, I acknowledge that I have received and understand the above rights.

*Signature ofParent/Guardian/UHY Youth*_____ *Date*_____

*Signature ofMcKinney-Vento Liaison/*_____ *Date*_____

Language Use 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 support services.

- If a language other than English is indicated, our 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 immigrations 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

Language Use Survey

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 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