



# Enrollment Checklist

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

	<b>Forms to be filled out:</b>
	Residency Affidavit Form
	Student Enrollment Form
	Student Transportation Schedule
	Authorization to Release Student Records Form
	Free & Reduced Lunch Form
	Student Health History Form
	Home Language Survey
	Maine Migrant Education Program Survey
	MaineCare Information Release Form
	McKinney-Vento Screener Form
	<b>Items to bring:</b>
	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 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.

<b>-- Office Use Only --</b>	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

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:	Mailing Address:		
City:	State:	Zip:	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: _____			

**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 <b>Part Time or Full time</b>	If part time, is homeschool application filed with the state? Yes / No Homeschool grade level
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**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:	

**MEDICAL INFORMATION**

Doctor:	Phone:	Dentist:	Phone:	
Hospital preference? <b>No Preference</b>	<b>RF GH</b>	<b>Inland Hospital</b>	<b>MaineGeneral-Thayer Unit</b>	<b>MaineGeneral-Augusta</b>
Name of Health Insurance:	Policy and Group Number:			
<b>Copy of Immunizations on File: Yes No</b>				
<b>Specific Emergency Directions:</b>				

List special medical considerations the school should be aware of:

List allergies the school should be aware of:

**SPECIAL SERVICES**

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

**Contact  
Priority  
1**

<b>Name:</b>		<b>Relationship:</b> Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent			
<b>Priority</b>	<b>Phone</b>	<b>Ext</b>	<b>Text</b>	<b>Automated calls?</b>	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Court Order Attached <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency
<b>Mobile</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Home</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Work</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mailing Address</b> <input type="checkbox"/> Same as student			<b>Email</b>		

**Contact  
Priority  
2**

<b>Name:</b>		<b>Relationship:</b> Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent			
<b>Priority</b>	<b>Phone</b>	<b>Ext</b>	<b>Text</b>	<b>Automated calls?</b>	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Court Order Attached <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency
<b>Mobile</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Home</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Work</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mailing Address</b> <input type="checkbox"/> Same as student			<b>Email</b>		

**Contact  
Priority  
3**

<b>Name:</b>		<b>Relationship:</b> Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent			
<b>Priority</b>	<b>Phone</b>	<b>Ext</b>	<b>Text</b>	<b>Automated calls?</b>	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Court Order Attached <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency
<b>Mobile</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Home</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Work</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mailing Address</b> <input type="checkbox"/> Same as student			<b>Email</b>		

**Contact  
Priority  
4**

<b>Name:</b>		<b>Relationship:</b> Mother 1/ Mother 2/ Father 1/ Father 2/ Guardian / Step Parent			
<b>Priority</b>	<b>Phone</b>	<b>Ext</b>	<b>Text</b>	<b>Automated calls?</b>	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Court Order Attached <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency
<b>Mobile</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Home</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Work</b>		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mailing Address</b> <input type="checkbox"/> Same as student			<b>Email</b>		

**Additional  
Contact  
1**

Name:		Relationship:		
Priority	Phone	Ext	Text	Automated calls?
Mobile		x	<input type="checkbox"/>	<input type="checkbox"/>
Home		x	<input type="checkbox"/>	<input type="checkbox"/>
Work		x	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Can pick up from school  
 Emergency Contact

**Additional  
Contact  
2**

Name:		Relationship:		
Priority	Phone	Ext	Text	Automated calls?
Mobile		x	<input type="checkbox"/>	<input type="checkbox"/>
Home		x	<input type="checkbox"/>	<input type="checkbox"/>
Work		x	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Can pick up from school  
 Emergency Contact

## Student Information Notices and Agreements Annual Review [2023-2024 School Year]

### 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).

**By signing below, I agree to abide by the RSU#54 Acceptable Use Policy, and I assume responsibility for the device, charger and case.**

### 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 WEBSITE

RSU# 54 maintains a website 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 (no names will be used); 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 website.  
 **NO**, I do not grant permission for my child's information to be published on the RSU# 54 website.

### 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.

### FOR HIGH SCHOOL STUDENTS ONLY

The No Child Left Behind Act requires secondary schools to provide student names, addresses, and telephone numbers to both military recruiters and institutions of higher education upon request. Parent(s)/guardian(s) may prevent the release of student information to military recruiters and/or institutions of higher education, by checking the appropriate line(s) below. If the appropriate line is not checked or this signed form is not returned, the school is required by federal law to disclose the student's name, address, and telephone numbers to any military recruiters and/or institutions of higher education that request it.

### INFORMATION PROVIDED TO MILITARY RECRUITERS

- YES**, I do grant permission for my child's name, address, and telephone number to be released to military recruiters.  
 **NO**, I do not grant permission for my child's name, address, and telephone number to be released to military recruiters.

### INFORMATION PROVIDED TO INSTITUTIONS OF HIGHER LEARNING

- YES**, I do grant permission for my child's name, address, and telephone number to be released to institutions of higher education.  
 **NO**, I do not grant permission for my child's name, address, and telephone number to be released to institutions of higher education.

### 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.***



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
<b>SAMPLE</b>	<b>Home</b> <b>123 Main St,</b> <b>Skowhegan</b>	<b>474-5555</b>	<b>12-Poulin</b>	<b>ABC Daycare</b> <b>456 Elm St.,</b> <b>Skowhegan</b>	<b>474-4747</b>	<b>2-Smith</b>
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:

Bloomfield Elementary School	Grades 1-3	140 Academy Cir. Skowhegan, ME 04976	Fax: (207)474-7427
Canaan Elementary School	Grades PK-5	178 Main St. Canaan, ME 04924	Fax: (207)474-6385
Margaret Chase Smith School	Grades 4-5	40 Heselton St. Skowhegan, ME 04976	Fax: (207) 858-4883
Mill Stream Elementary School	Grades PK-5	26 Mercer Rd. Norridgewock, ME 04957	Fax: (207) 634-4294
North Elementary School	Grades PK-K	33 Jewett St. Skowhegan, ME 04976	Fax: (207) 474-8648
Skowhegan Area Middle School	Grades 6-8	155 Academy Cir. Skowhegan, ME 04976	Fax: (207) 474-9558
Skowhegan Area High School	Grades 9-12	61 Academy Cir. Skowhegan, ME 04976	Fax: (207) 474-0111

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  
 PARENT/GUARDIAN--ECONOMIC STATUS FORM  
*(Required for all students, please complete!)*

Dear Parents/Guardians:

This form will provide information needed by the Maine Department of Education to determine MSAD 54/RSU 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\*. If you have any questions, please call the office at 207-474-9508. This form should be returned with your registration packet.

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!

Please use the table below as guidance to determine your student's economic status. If household income is less than the Annual or Monthly earnings for your household size in the chart below, then your student meets the economic disadvantaged status criteria. Household size includes adults and children.

Economically Disadvantaged FREE CATEGORY GUIDELINES			Economically Disadvantaged REDUCED CATEGORY GUIDELINES	
Household Size	Annual Earnings Less Than	Monthly Earnings Less Than	Annual Earnings Less Than	Monthly Earnings Less Than
1	18,954	1,580	26,973	2,248
2	25,636	2,137	36,482	3,041
3	32,318	2,694	45,991	3,833
4	39,000	3,250	55,500	4,625
5	45,682	3,807	65,009	5,418
6	52,364	4,364	74,518	6,210
7	59,046	4,921	84,027	7,003
8	65,728	5,478	93,536	7,795
Additional	6,682	557	9,509	793

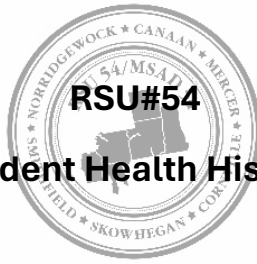
Student's Last Name	Student's First Name	Current Grade	Check One		
			Meets Free	Meets Reduced	Does Not Qualify

Please duplicate this form for additional children. Return this form to your child's school upon registering or by **September 8, 2023**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

\* Economically disadvantaged status is defined as students who are included in the department's count of students who are eligible for free or reduced-price meals or free milk or both. [20-A MRSA §15672\(3\)](#).



# 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	<b>Does the student have an Asthma Action Plan from their doctor?</b>
Yes	No	Does the physician allow the student to self-carry their inhaler?
Yes	No	Epilepsy/Seizures ( <b>Please provide Seizure Treatment Plan</b> )
Yes	No	Diabetes ( <b>If insulin dependent, please provide Diabetes Orders</b> )
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 <b>in the past year</b> ?
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.

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Parent/Guardian 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

**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: \_\_\_\_\_



# Maine Migrant Education Program

School Survey 2024-2025















School Name: \_\_\_\_\_ School District: \_\_\_\_\_

*The following information is confidential and for Migrant Education screening only*

Please complete to see if your child may qualify for **free services** such as: **free lunch, education and support services, 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

**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

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

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. Thank you!**

**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/migrated/migratedform](http://maine.gov/doe/schools/safeschools/migrated/migratedform)

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:**

**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

# MCKINNEY-VENTO SCREENER

School Name \_\_\_\_\_ School District \_\_\_\_\_

**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 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.**

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**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.**

First	Student(s) Name 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.

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

\_\_\_\_\_  
*Signature of Parent/Guardian/Unaccompanied Youth* Date

\_\_\_\_\_  
*Signature of McKinney-Vento Liaison* Date