April 13, 2021

Dear Families:

It is with great pleasure that I welcome you to our district. We are excited to have your Kindergartener joining our schools. Registering your child to enter school is an exciting time and we want to make this transition as smooth and positive as possible. MSAD 54 is a strong district with a history of moving students forward in their learning while never losing sight of the fact that the best learning environments are both fun and challenging. Kindergarten is an important part of a child's development and I'm sure that the upcoming year will be an exciting one for your child and family. We are honored to be a part of this important transition to school.

One of the first steps to a successful year is to build connections and relationships between the school and home. The packet of information and many forms that are included with this letter provide us with important information and allow us to get to know you and your child. As you work through the forms, don't hesitate to call the principal with any questions you may have.

Below are a few items to be aware of as you enroll your child:

- The State of Maine requires that families provide their child's birth certificate when you register for school. If a birth certificate is not immediately available, you have 60 days to provide one to your child’s principal.
- All students attending schools must meet the minimum immunization standards required by the State of Maine. There is a document outlining these requirements in the packet. If you have questions, please contact your child's primary care physician.
- Please fill out the enclosed nutrition form. The number of qualified families in our district directly impacts the funding we receive from the federal and state government. We do not share any of your information so there's no reason not to fill out this form accurately. The more families that qualify allows us to keep our taxes down and to maximize the dollars spent in the classroom.

In advance, thank you for your cooperation. If you have any questions, please feel free to contact your child’s principal. Enjoy the summer!

Sincerely,

Jonathan D. Moody
Superintendent of Schools for RSU 54/MSAD 54
RSU 54/MSAD 54 Kindergarten Screening/Registration
Questions and Answers

Q: What is the age cut-off date?

A: Your child must be 5 years of age on or before October 15th, 2021

Q: What do I need to take with me for the screening?

A: You will need: YOUR CHILD, a certified copy of child’s birth certificate, proof of residency, immunization records and any court documents pertaining to your child. Copies can be made of necessary documents at the screening.

Q: How will my child know what bus they take? And what time will the bus come to pick up my child?

A: You will receive a letter in the mail before school begins with information regarding your child’s pick-up and drop-off information. Bus Numbers and times will be included in the letter. Also, information will be provided regarding a trial bus ride prior to the first day of school.

Q: What will happen during screening?

A: You and your child will come into the gymnasium on screening day. Your child will be asked to give his/her own name. Your child will receive a name tag to wear identifying them during the process. A photo for the bus drivers will be taken of your child. Then, your child will be escorted to activity stations. As each station is completed, your child will receive a sticker attached to their name tag indicating what stations have been completed. You will also be given a questionnaire about your child and your own checklist so that you can keep track of your own “activities.” You will be asked to take part in an exit interview where you will hear what our staff has learned about your child.

Q: What do I do while my child is attending stations?

A: You will be very busy completing paperwork and answering questions regarding your child. You must bring along all forms that were mailed to you prior to your appointment. Please complete as much of these forms as you can prior to your appointment and all forms will be reviewed with the School Office Assistant at the registration desk. We will go over completed paperwork and making sure we have all the information we require. We will provide any form that has been forgotten and request any additional information as needed. All necessary copies will be made on that day.
Q: What does Kindergarten Screening mean?

A: We assess your child’s ability to complete tasks at different activity stations. Your child’s ability to perform tasks in each of these stations will allow our teachers to evaluate your child’s learning and development style and level. We would then let you know, on that day during your exit interview, what your child should work on over the summer. This screening does not determine your child’s eligibility to attend school.

Q: May I go through the entire process with my child?

A: No, we will be working with you during this time. And, it is necessary to observe your child as they work on their own with the teachers’ direction completing each station activity. What appears as playtime is observed during the assessment. Part of the assessment is your child’s ability to work with new people and other children.

Q: What if my child is scared?

A: We have done this many times and have seen many different personalities and anxiety levels in children. Rest assured that we will make sure your child is well cared for and comfortable so that they will be happy to return to school on opening day. We have a wonderful and caring staff!

Please feel free to reach out to the Superintendent’s Office or your child’s school should you have further questions or concerns.

Thank you and welcome to MSAD 54!
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.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Economically Disadvantaged – Free Category Guidelines</th>
<th>Economically Disadvantaged – Reduced Category Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual Earnings Less Than</td>
<td>Monthly Earnings Less Than</td>
</tr>
<tr>
<td>2</td>
<td>$22,646</td>
<td>$1,888</td>
</tr>
<tr>
<td>3</td>
<td>$28,548</td>
<td>$2,379</td>
</tr>
<tr>
<td>4</td>
<td>$34,450</td>
<td>$2,871</td>
</tr>
<tr>
<td>5</td>
<td>$40,352</td>
<td>$3,663</td>
</tr>
<tr>
<td>6</td>
<td>$46,254</td>
<td>$3,855</td>
</tr>
<tr>
<td>7</td>
<td>$52,156</td>
<td>$4,347</td>
</tr>
<tr>
<td>8</td>
<td>$58,058</td>
<td>$4,839</td>
</tr>
</tbody>
</table>

For each additional family member add:

- $5,902
- $492
- $8,399
- $700

Please list each child that attends school in MSAD 54 below and if they Qualify (Yes or No) as shown above. Thank you!

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>Current Grade</th>
<th>Check One</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meets Free Meets Reduced Does Not Qualify</td>
</tr>
</tbody>
</table>

Please duplicate this form for additional children. Return this form to your child’s school upon registering or by September 10th, 2021.

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).
Need of bus transport: [ ] Yes [ ] No
Type of attendance: [ ] In-person [ ] Remote [ ] In-person

Please let us know if your child will attend school in-person or remotely and if bus transport is needed.

Home 1
Student has Internet access at home? [ ] Yes [ ] No
Student has a laptop/tablet to work online at home? [ ] Yes [ ] No

Home 2
Student has Internet access at home? [ ] Yes [ ] No
Student has a laptop/tablet to work online at home? [ ] Yes [ ] No

Conductivity Choices: Please complete for both homes if these is shared custody.

Please let us know if your child has access to a device and Internet for online work.

or a divorce decree, a certified copy of the court order or divorce decree must be attached.

If the student lives in the District with a parent who has gained primary residency/custody status for the student through a court order:

If the student’s legal guardian wishes the RISU/MUSD 54 schools to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.

If a custodial parent/guardian wishes the RISU/MUSD 54 schools to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.

If the student lives in the District with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian

Other (Name & Relationship):

Legal Guardian Email Address:

Mother Email Address:

Father Email Address:

Student lives with (check all that apply):

Military Connection Choices: [ ] Active Duty [ ] Full-time National Guard [ ] Part-time National Guard [ ] Reserves [ ] None

Military Connection Choices: [ ] Family C/Member of the Active Duty Forces:

Student First Name:

Step Parent:

Last Name:

Home Phone:

Cell Phone:

Work Phone:

Student Last Name:

Step Parent:

First Name:

Home Phone:

Cell Phone:

Work Phone:
If your child covered by insurance?  

Insurance Company Name:  

Immunization Records:  

Please attach a written statement of the circumstances if the student has been expelled, suspended, or withdrawn from school before enrolling in RSU/MSAD 54. In accordance with 20-A M.R.S. A. 6000-1.3, if your child is expelled from school, the school district must make a determination as to whether to admit the student and if so, under what conditions.

Student's current grade:  

Student Education/Disciplinary Records from Previous School:  

Reason for transfer:  

Address of school:

Name of school student is transferring from:  

School Phone:  

Date:  

Signature:  

Parent/Guardian Certification of Residency/Custody:  

I certify that I have reviewed the student's immunization record and that the student meets the requirements stated in the immunization record.

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<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech</td>
</tr>
<tr>
<td>Vision</td>
</tr>
<tr>
<td>Hearing</td>
</tr>
<tr>
<td>Medical</td>
</tr>
</tbody>
</table>

Is your child receiving treatment in any of the following areas?

<table>
<thead>
<tr>
<th>Attendance Problems</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupational Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

| Yes |

Does your child have a 504 Plan?

| Yes |

<table>
<thead>
<tr>
<th>Referred for Special Education Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has your child received Title I Help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

| Yes |

<table>
<thead>
<tr>
<th>Referred to Gentle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Does your child have a Medical/Medicare ID number?

Special Education Services

| Personal Opinion (required each year), Parent/LEGAL Guardians provide written statement expressing views on the basis of philosophical or medically inadvisable (required each year), Parent/LEGAL Guardians provide a written statement from a physician that immunization against one or more diseases may be unnecessary. Only available once (this option is not available in the student's school year) OR Parent/LEGAL Guardians provide written statement that child will be immunized within 90 days of this application (this option is not available in the student's school year) |
| --- | --- |
| Yes | No |
| No | Yes |

| Student First Name: | Student Last Name: |
RSU 54/MSAD 54 Emergency and Demographic Information

REVIEW ALL INFORMATION ** Make Additions or Corrections as Needed **

Student's Name: ____________________________ Grade: ____________ Advisor: ____________________________

Last First M.I. Bus No. To: ____________ Bus No. From: ____________

Gender: _______ Birth Date: ____________________________

Town of Residence: ____________________________ Student lives with: ____________________________

Mailing Address: ____________________________ Physical Address: ____________________________

City/State/Zip: ____________________________ City/State/Zip: ____________________________

First Phone #: ____________________________ Home Email Address: ____________________________

Student Cell Phone #: ____________________________

Parent/Guardian Information: Where can parent(s)/guardian(s) be reached if NOT at home phone or at the address listed above:

Father (Last/First): ____________________________ Employer: ____________________________ Work Phone: ____________________________

Home Address: ____________________________ Home Phone: ____________________________ Cell Phone: ____________________________

Mother (Last/First): ____________________________ Employer: ____________________________ Work Phone: ____________________________

Home Address: ____________________________ Home Phone: ____________________________ Cell Phone: ____________________________

SwiftK12: You can now update your own preferences for Alert Notices. Please log into PowerSchool and on the left you will see an icon for SwiftK12. Click on that icon to bring you to your alert settings. Please change the settings to receive ur alerts on the phone(s) and emails you currently use. Please be sure to inform the school of any changes in contact information.

If you do not have a Parent Login you will need to request access. Please call your school secretary for help with your Parent login to access your account.

Please let us know if your child is a dependent of a member of the Active Duty Forces:

Military Connection Choices: Please Circle Active Duty | Full Time National Guard | Part-time National Guard or Reserve | Not Military Connected

Information for other responsible adult/guardian/stepparent living in the home (if applicable):

Name: ____________________________ Relationship: ____________________________ Work Phone: ____________________________

Name: ____________________________ Relationship: ____________________________ Work Phone: ____________________________

List below (using the table to the right) those adults who will assume temporary care if you cannot be reached i.e. neighbor, relative). INCLUDE CHILD CARE PROVIDER.

Emergency Contact #1 Name (last, first): ____________________________ Relationship: ____________________________

Cell Phone: ____________________________ Home Phone: ____________________________ Work Phone: ____________________________

Emergency Contact #2 Name (last, first): ____________________________ Relationship: ____________________________

Cell Phone: ____________________________ Home Phone: ____________________________ Work Phone: ____________________________

Emergency Contact #3 Name (last, first): ____________________________ Relationship: ____________________________

Cell Phone: ____________________________ Home Phone: ____________________________ Work Phone: ____________________________

***** Additional information on reverse side/second page *****
**Student Name:**

**Custody:** Is there a court order that relates to the custody of your child? __**YES**  __**NO**

If 'YES', please attach a copy for your child's file.

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

Name: __________________________  Age: ___  School: __________________________

Name: __________________________  Age: ___  School: __________________________

Name: __________________________  Age: ___  School: __________________________

Name: __________________________  Age: ___  School: __________________________

**2nd Mailing Per Parental Request:**

2nd Mailing Relationship: __________________________  2nd Mailing Name: __________________________

2nd Mailing Street: __________________________  2nd Mailing City/State/Zip: __________________________

**MEDICAL INFORMATION**

Doctor Name: __________________________  Address: __________________________

Doctor Phone: __________________________  City/State/Zip __________________________

Dentist Name: __________________________  Address: __________________________

Dentist Phone: __________________________  City/State/Zip __________________________

**Allergies:**

**Special Medical Considerations:**

**In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.**

By signing below, I also confirm I have reviewed and updated the information on this form, and I acknowledge that my child/the student and I have read and understand the expectations noted in the Student Handbook.

Signature of Parent/Legal Guardian: __________________________  Date: __________________________

Signature of Student: __________________________  Date: __________________________

Computer Access Permission: Please contact the school secretary for the AUP form.

**SIGNED AUP MUST BE ON FILE BEFORE ACCESS TO THE INTERNET AND COMPUTERS IS PERMITTED**

Student has Internet access at home: Yes  No

Student has a laptop/tablet to work online with: Yes  No

Student will need bus transportation: Yes  No

Student will be working: Remotely || In-Person

(revised-8/1/2020 DS)
Regional School Unit 54  
School Transportation Information

Date: __________

Student Name: _______________________________ DOB: __________

Home Address: ________________________________________________

Mailing Address: ______________________________________________

Home Phone: ___________  Cell Phone: ________________

School Attending ___________________________ Grade__________

KINDERCARTEN/FIRST GRADE ONLY
There must be an adult visible when dropping off your child:

YES_______ Adult present.  NO_______ Adult not present.

NOTE: IF YOU ANSWER YES, AND NO ADULT IS VISIBLE, YOUR CHILD WILL BE RETURNED TO THEIR SCHOOL. YOU WILL BE RESPONSIBLE FOR PICKING UP YOUR CHILD.

______________
(Parent’s Signature)

☐ Does not ride bus. Walker, or Parent will transport.

If your child will ride the bus, please turn over and complete the other side.

Updated 4/19
SCHOOL BUS TRANSPORTATION

☐ A.M. AND P.M. PICK UP WILL BE THE SAME. PLEASE INDICATE STOP INFORMATION

☐ Home

DAYS: ☐ Weekly OR M T W TH F
(Circle days for this drop if not weekly)

☐ Alternate Stop
(Ex. Daycare, Other parent’s household)

DAYS: ☐ Weekly OR M T W TH F
(Circle days for this drop if not weekly)

Alt Stop Name _____________________________ Alt. Stop Phone: __________

Alt Stop Address __________________________

IF P.M. IS DIFFERENT FROM A.M.
PLEASE FILL IN THE P.M. INFORMATION BELOW

☐ Home

DAYS: ☐ Weekly OR M T W TH F
(Circle days for this drop if not weekly)

☐ Alternate Stop
(Ex. Daycare, Other parent’s household)

DAYS: ☐ Weekly OR M T W TH F
(Circle days for this drop if not weekly)

Alt Stop Name _____________________________ Alt. Stop Phone: __________

Alt Stop Address __________________________

Updated 4/19
RSU 54/MSAD 54
IMMUNIZATION REQUIREMENTS

All students attending schools, grades K-12, must meet minimum immunization standards as required by state law or be covered by exemptions. Immunization dates must be presented at time of registration or parents/guardians must arrange to have this information faxed to the school prior to registration, marked “attention school nurse”.

Canaan Elementary fax: 474-6385
Mill Stream Elementary fax: 634-4294
North Elementary fax: 474-8648

Minimum requirements as stipulated by Maine State Law:

- 5 doses DPT/DTaP: diphtheria, pertussis, tetanus
- 4 doses DPT/DTaP (if fourth dose administered on or after 4th birthday)
- 4 doses Polio: polio vaccine
- 3 doses Polio (if third dose administered on or after 4th birthday)
- 2 doses MMR: measles, mumps, rubella for all students
- 1 dose Varicella: or medical documentation of history of disease

If you have any questions or concerns, please contact Shannon Puccio, RN, School Nurse at 634-3121, Jennifer Bess, RN, School Nurse at 474-2907 or Tanya Dixon, RN, School Nurse at 474-3901.

Revised 4/7/21
R.S.U. #54
HEALTH QUESTIONNAIRE

Child's Name: ____________________________ Birthdate: ______________
Mailing address: ____________________________ Phone: ______________
Grade: ____ Family Physician: ________________ Dentist: ________________

Health History - Please comment if applicable:
Diabetes:

Allergies: (if so, what? Any medications or treatments?)

Asthma: (meds., treatment plans, peak flow meter?)

Orthopedic problems:

Physical limitations:

Heart condition:

Respiratory Disorders:

Seizures: (type, medications)

Surgery: (operations/type)

Is your child on any medications: (please specify)

Pregnancy with this child: _____ normal _____ problems (explain)

History: weight: _____ lbs. _____ oz.

Special Problems:

Hearing problems: _____ yes _____ no Family History?
Ear infections: _____ yes _____ no Last one _____ frequency
Vision problems: _____ yes _____ no Family History?
Wears glasses: _____ yes _____ no

Present Difficulties:

_____ Over active
_____ Short attention span
_____ Eye blinking
_____ Mood swings
_____ Head banging
_____ Abused sexually or physically
_____ Gets sick often
_____ Loss of close relative (explain)

_____ Thumb sucking
_____ Nail biting
_____ Hurts self purposely
_____ Unexplained tantrums
_____ Wets bed/pants
_____ Soils bed/pants
_____ Sleeping problems
_____ Dental problems

Revised 4/7/21
RSU 54/MSAD 54
RESIDENCY AFFIDAVIT

DATE: ____________

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.

________________________________________

Signature

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

Revised: 4/28/15
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: ____________________________

<table>
<thead>
<tr>
<th>School Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Describe evidence that the student’s English language development has been affected by a primary or home language other than English:</td>
</tr>
<tr>
<td>Teacher Signature: ____________________________ Date: ____________________________</td>
</tr>
</tbody>
</table>

PLACE THE ORIGINAL OF THIS COMPLETED DOCUMENT IN THE STUDENT’S PERMANENT RECORD FOLDER
CONSENT FOR RELEASE OF INFORMATION TO ACCESS MAINECARE REIMBURSEMENT FOR HEALTH RELATED SUPPORT SERVICES

School Administrative Unit: Maine School Administrative District No. 54

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 MSB 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. Finally, I understand that if my child has MaineCare through the Katie Beckett program, the cost of the services provided by the School Administrative Unit will count against his/her annual cap.

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: (Parent or person in parental relationship) Date: 

If you have questions regarding this form please contact:
  • Renee Hovey/Erin Thompson, Special Services Directors

Please return this form to:
  • Maine School Administrative District No. 54 Special Services Office