Enrollment Checklist

Student's Enrolling at **Atwood Primary, Belgrade Central, China Primary, James H. Bean, or Williams Elementary school** will need the following:

	Residency Affidavit form
	Student Enrollment form
	Student Transportation Schedule *Not needed for Middle or High School students
	Authorization to Release student records forms
	Free & Reduced Lunch form
	Student Health History form
	Permission to Administer Medications
	Dental Hygiene Permission Form
	Home Language Survey
	Maine Migrant Education Program
	COPPA Compliance Parental Consent
	MaineCare Information Release
	Student's Birth Certificate – a certified copy is needed
	Immunization Records
	Court Documents including custodial agreements
	Copy of IEP, if receiving Special Educational Services

Student's Enrolling at **China Middle, Messalonskee Middle, or Messalonskee High** school will need the above information along with the information below:

	Laptop Insurance Form
	Physical Exam (Completed within 2 years), if wishing to participate in sports

*Please note there may be other documentation required by your school building

BELGRADE-CHINA-OAKLAND-ROME-SIDNEY

Registration Health Information

State Law requires that every child that attends public schools shall be immunized for the following:

Pre-K entry:

- 4 DTaP
- 3 Polio
- 1 MMR (measles, mumps, rubella)
- 1 Varicella (chickenpox)

Kindergarten:

- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- 4 Polio (3 Polio if 3rd is given on or after 4th birthday)
- 2 MMR
- 2 Varicella (chickenpox)

Grade 7:

- All previously required vaccines
- 1 Tdap
- 1 Meningococcal Conjugate Vaccine (MCV4)

Grade 12:

- All previously required vaccines
- 2 MCV4, only one dose required if the 1st dose is given on/after 16th birthday

Each immunization entry must include the vaccine type, date administered and name of provider.

An important note concerning immunization exemption requests: Effective September 1, 2021, L.D 798, “An Act to Protect Maine Children and Students from Preventable Diseases" repealed certain exemptions from the Laws governing immunization requirements in 2019. Exemptions based on religious or philosophical beliefs are no longer available effective September 1, 2021.

A student covered by an IEP who elected a religious or philosophical exemption prior to September 1, 2021 may continue to attend school under the existing exemption so long as the parent/guardian or the student, if 18 years of age or older, provides a statement from a licensed physician that he/she has consulted with the parent/guardian or student and has made the parent/guardian or student aware of the risks and benefits associated with the choice to immunize.

Regional School Unit No. 18

41 Heath Street, Oakland, ME 04963 V: (207) 465-7384 F: (207) 465-9130

Andrew Carlton
Superintendent

Keith Morin
Assistant Superintendent

Dear Parents and Guardians,

As we prepare for another school year, we want to take a moment to highlight the importance of regular attendance for our students, including those in the earliest grades. Establishing strong attendance habits at a young age lays the foundation for your child benefitting from regularly attending school as much as possible.

Chronic absenteeism is defined as when a student misses 10% of the days they are enrolled in school. This translates to missing more than two days each month, encompassing both excused and unexcused absences. It is important to remember that every school in the state of Maine is required to report chronic absenteeism and truancy to the Maine Department of Education.

Research shows that consistent attendance is essential for students' academic achievement. Young children benefit enormously from regular classroom experiences that support their early literacy and social skills. When students miss school, they lose valuable instructional time that can hinder their ability to read at grade level, develop critical thinking skills, and engage with their peers.

Establishing a routine that prioritizes school attendance not only helps students academically but also instills a sense of routine that will serve them well throughout their educational journey and beyond. By emphasizing the importance of regular attendance, we can help our children develop habits that will support their success in school and in life.

As parents and guardians, your support is vital. We encourage you to ensure that your child attends school every day, unless they are ill or have another valid reason. If you are facing challenges that impact your child's attendance, please reach out to the school principal so that we may partner in finding solutions to best support you and your student. We are here to support you and your family in any way we can.

Thank you for your commitment to your child's education and for working in partnership with us to promote regular attendance. Together, we can help our students thrive both in and out of the classroom.

Sincerely,

Keith R. Morin

Assistant Superintendent of Schools

Regional School Unit No. 18

Residency Affidavit

I, _____, declare that I am the parent or legal guardian of _____
(please print name) (please print students name)

and I reside at the following address in the town of _____.

Legal Residence: _____

_____

Verification of residence may be submitted by the following means:

_____ Utility bill indicating service address (electricity, oil, gas)

_____ Lease agreement indicating legal residence and landlord's address and phone number

_____ Car registration or car insurance card

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

_____ Documentation of home ownership from the town office of Belgrade, Oakland, Sidney, Rome, or China.

_____ Other _____ (requires PRIOR approval by the Superintendent)

I hereby certify that this information is true and correct. I authorize RSU 18 to independently verify this information. Misinformation will result in RSU 18 requesting the student attend school in the actual school system of residence.

_____ _____
Signature Date

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

RSU# 18 Enrollment Form

School: **Grade:**

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

RSU# 18 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 --

Date of Entry:	Homeroom Teacher:	Birth Certificate certified by:
AM Bus:	PM Bus:	If homeschool, % of day in school:

STUDENT NAME **LAST:** **FIRST:** **MIDDLE:**

Date of Birth: Gender: 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**

HOMESCHOOL INFORMATION

If the student is currently homeschooled,

are they enrolling in RSU#18 **Part Time or Full time**

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

Homeschool grade level:

PREVIOUS SCHOOL INFORMATION

School Attended: Grade Level:

District Attended:

School Phone:

School Address:

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? **No Preference** **MaineGeneral-Thayer Unit** **MaineGeneral-Augusta** **Redington-Fairview**

Name of Health Insurance: Policy and Group Number:

Specific Emergency Directions:

List special medical considerations the school should be aware of:

List allergies the school should be aware of:

SPECIAL SERVICES

Has the student received Special Education Services in the past?	**Yes**	**No**
Is the student currently receiving Special Education Services?	**Yes**	**No**

If **YES**, you must provide a copy of the student's most current IEP to the Registrar.

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 / Father / Guardian / Step Parent

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

☐ Has or shares custody
☐ Lives with student
☐ Call for school pick up
☐ Call in emergency

Mailing Address ☐ **Same as student**

Email

Contact Priority 2

Name: **Relationship:** Mother / Father / Guardian / Step Parent

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

☐ Has or shares custody
☐ Lives with student
☐ Call for school pick up
☐ Call in emergency

Mailing Address ☐ **Same as student**

Email

Contact Priority 3

Name: **Relationship:** Mother / Father / Guardian / Step Parent

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

☐ Has or shares custody
☐ Lives with student
☐ Call for school pick up
☐ Call in emergency

Mailing Address ☐ **Same as student**

Email

Contact Priority 4

Name: **Relationship:** Mother / Father / Guardian / Step Parent

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

☐ Has or shares custody
☐ Lives with student
☐ Call for school pick up
☐ Call in emergency

Mailing Address ☐ **Same as student**

Email

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

Additional Contact 1

Name:			Relationship:		
Priority	**Phone**	**Ext**	**Text**	**Automated calls?**	☐ Can pick up from school ☐ Emergency Contact
	Mobile	x	☐	☐	
	Home	x	☐	☐	
	Day	x	☐	☐	
	Work	x	☐	☐	
	Pager	x	☐	☐	

Additional Contact 2

Name:			Relationship:		
Priority	**Phone**	**Ext**	**Text**	**Automated calls?**	☐ Can pick up from school ☐ Emergency Contact
	Mobile	x	☐	☐	
	Home	x	☐	☐	
	Day	x	☐	☐	
	Work	x	☐	☐	
	Pager	x	☐	☐	

Additional Contact 3

Name:			Relationship:		
Priority	**Phone**	**Ext**	**Text**	**Automated calls?**	☐ Can pick up from school ☐ Emergency Contact
	Mobile	x	☐	☐	
	Home	x	☐	☐	
	Day	x	☐	☐	
	Work	x	☐	☐	
	Pager	x	☐	☐	

Additional Contact 4

Name:			Relationship:		
Priority	**Phone**	**Ext**	**Text**	**Automated calls?**	☐ Can pick up from school ☐ Emergency Contact
	Mobile	x	☐	☐	
	Home	x	☐	☐	
	Day	x	☐	☐	
	Work	x	☐	☐	
	Pager	x	☐	☐	

Student Information Notices and Agreements
Annual Review [2026-2027 School Year]

STUDENT COMPUTER AND INTERNET USE

Student use of school computers, network and internet is provided to all RSU#18 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).

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

Under the federal Family Educational Rights and Privacy Act (FERPA), RSU# 18 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# 18 WEBSITE

RSU# 18 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# 18 website.

___ **NO**, I do not grant permission for my child's information to be published on the RSU# 18 website.

OUTSIDE MEDIA

On occasion, RSU# 18 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.

NOTE: I give permission for RSU# 18 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# 18 to transport my child to a medical facility to obtain medical care. I understand that RSU# 18 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	Parent/Guardian Name	Parent/Guardian Signature

Student Transportation Schedule
For School Year _____

Please be sure to complete the other side too!

Student's Last Name	Student's First Name	MI	Grade	Teacher

IF YOU HAVE ANY QUESTIONS ABOUT BUSING, BUS ASSIGNMENTS AND FIRST OR SECOND TRIP SCHEDULESYOU MUST CONTACTTHE DISTRICT BUS GARAGE AT 465-2102.

	A.M. Pick Up				P.M. Drop Off		
	Pick-Up Location Name and Address	Pick-up Telephone Number	Bus Number and Drivers Name		Destination Name and Address	Destination Telephone Number	Bus Number and Drivers Name
SAMPLE	**Home 123 Main St., Belgrade**	**495-4567**	**12 - Poulin**		**ABC Daycare 456 Elm Ave., Belgrade**	**495-7474**	**2 – Smith**
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

_____ _____

Parent or Guardian Signature Date Signed

Please be sure to complete the other side too!

Unexpected Early Release Days
For School Year _____

Student's Last Name	Student's First Name	MI	Grade	Teacher

Unexpected early releases, usually on storm days, can cause a lot of unnecessary confusion, worry, and fear for some students. Please advise your child of your expectations should this occur. Please complete the following section to inform us of your expectations should this occur.

Our district has established a system where parents and guardians are now automatically notified of unexpected early releases. The system we have in place uses the telephone numbers YOU provide us at the beginning of the school year to send you a message describing the unexpected event. If your telephone number changes throughout the school year you are responsible for notifying the school office in writing of that change. Please do not call the information in as the secretary has no way to verify who is calling.

Check (✓)only ONE option:

☐ My child's drop off location is the *same as usual*.

☐ My child's drop off location is *different* than usual (as shown on the other side).

Please provide detailed information about the alternative destination:

Person's Name Where Child is Dropped Off:	Relationship to student	Phone Number	
Complete Street Address of Location (include box number)		Bus Number & Trip	Driver's Name

_____ _____

Parent/Guardian Signature Date Signed

QUESTIONS ABOUT BUSING SHOULD BE DIRECTED TO OUR BUS GARAGE AT 465-2102

PLEASE COMPLETE BOTH PAGES OF FORM

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 standardized tests and results of tests administered such as Key Math, WISC, Woodcock Reading, and WIAT

_____ 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

	Atwood Primary School	PK - 2	19 Heath Street, Oakland, ME 04963	Fax: (207) 465-9133
	Belgrade Central School	PK - 5	158 Depot Road, Belgrade, ME 04917	Fax: (207) 495-2723
	China Middle School	5-8	773 Lakeview Drive, South China, ME 04358	Fax: (207) 445-3278
	China Primary School	PK-4	763 Lakeview Drive, South China, ME 04358	Fax: (207) 445-3541
	James H. Bean School	PreK - 5	2896 Middle Road, Sidney, ME 04330	Fax: (207) 547-4438
	Messalonskee High School	9-12	131 Messalonskee High Drive, Oakland, ME 04963	Fax: (207) 465-9151
	Messalonskee Middle School	6-8	33 School Bus Drive, Oakland, ME 04963	Fax: (207) 465-9683
	Williams Elementary School	3-5	55 Pleasant Street, Oakland, ME 04963	Fax: (207) 465-4985

Authorized Parent 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.

HOUSEHOLD APPLICATION FOR FREE & REDUCED PRICE SCHOOL MEALS – SY2027

Complete one application per household. Return completed form to: **Shawn Forkey, RSU 18 Nutrition Director.**

STEP 1: STUDENT INFORMATION List ALL students living in the household.

Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
			☐	☐
			☐	☐
			☐	☐
			☐	☐

STEP 2: ASSISTANCE PROGRAMS Do any household members (including you) participate in SNAP, TANF or FDPIR?

☐ No ➡ Go to STEP 3. ☐ Yes ➡ Write name and SNAP/TANF number here and skip to STEP 4.

Name: ____________________ __ __ __ __ __ __ __ __ ☐

SNAP or TANF Number **Letter**

STEP 3: HOUSEHOLD INCOME List all household members including yourself & students listed above. List gross income for each person. By entering '0' or leaving blank, you certify (promising) there is no income to report.

Names	Gross Income														
All Household Members (including students listed above)	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Public Assistance, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security, All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
TOTAL HOUSEHOLD SIZE: (REQUIRED)															

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ***(required)***

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

Signature of Adult: ____________________ **Last 4 Digits of Social Security Number:** __ __ __ __ ☐ **I do not have a Social Security Number**

Printed Name: ____________________ **Phone:** ____________ **Email:** ____________________

Address: ________________________________ **Date:** ____________________

*** FOR SCHOOL USE ONLY ***

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: ____________ Household Size: ______ Free___ Reduced___ Denied___ Categorically eligible free: ______

Determining Official's Signature: ________________________________ Date: ____________

Verification - Confirming Official's Signature: ________________________________ Date: ____________

STEP 5: *Optional* CHILDREN'S ETHNIC and RACIAL IDENTITIES You are **not required** to answer this question.

Mark one ethnic identity:
❑ Hispanic or Latino
❑ Not Hispanic or Latino

Mark one or more racial identities:
❑ Asian
❑ White
❑ Black or African American
❑ American Indian or Alaska Native
❑ Native Hawaiian or Other Pacific Islander
❑ Other

NOTIFICATION OF ELIGIBILITY

DATE:

Dear Parent/Guardian:

Your application for free or reduced price meals for your child(ren) has been:

❑ Approved for applicable programs listed below (check all that apply)
- ❑ Free Lunches
- ❑ Free Breakfasts
- ❑ Free After School Snacks
- ❑ Reduced price lunches at $_____ per meal
- ❑ Reduced price breakfast at $_____ per meal
- ❑ Reduced price After School Snacks at $_____ per snack

❑ Denied because:
- ❑ Household income is over the amount allowable.
- ❑ The application is missing_____.

❑ Other_____.

You may appeal this decision by contacting the Hearing Official, **KEITH MORIN, ASSISTANT SUPERINTENDENT** at **207-465-7384** or email at **kmorin@rsu18.org**.

Sincerely,
Shawn Forkey, RSU 18 Nutrition Director

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

(2) fax:
(833) 256-1665 or (202) 690-7442; or

(3) email:
program.intake@usda.gov

This institution is an equal opportunity provider

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.
Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at https://www.maine.gov/mhrc/file/instructions and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

(Federal Statement Revised 5/2022)

INSTRUCTIONS FOR COMPLETING THE

HOUSEHOLD APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS

STEP 1: STUDENT INFORMATION

(a) List all students living in the household.
(b) Include the name of the school they attend (if known).
(c) If the student is a foster child, mark the 'foster child' box next to the child's name. If you are ONLY applying for a student who is a foster child, complete Step 1 and proceed to Step 4. If you are applying for foster children and non-foster children, go to Step 3. Adopted children are not considered foster children.
(d) If you believe the student is Homeless or Migrant, check the 'Homeless/Migrant' box next to the child's name and complete the rest of the application. Homeless and migrant status must be confirmed with the appropriate program staff. If the school district cannot confirm this status, the school district may contact you.

STEP 2: ASSISTANCE PROGRAMS

(a) If no one in your household participates in SNAP, TANF or FDPIR, check 'No' and proceed to Step 3.
(b) If anyone in your household participates in SNAP, TANF or FDPIR, check 'Yes' and write in the case number and name of the person receiving these benefits. Skip step 3. An adult household member must sign the form in Step 4 but does not have to list a social security number.

STEP 3: HOUSEHOLD INCOME

(a) Write the names of <u>each</u> person living in your household including yourself and the students listed in step 1. A household is a person(s) living together that shares income and expenses, even if not related.
(b) Write the amount of gross income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column.
(c) Check the box for how often each income is received.
(d) If self-employed, list income from your business as a net amount. This is calculated by subtracting the total operating expenses of your business from it's gross revenue.
(e) <u>Entering $0 or leaving any income field blank is a positive indication there is no income to report</u>.
(f) Report total household size. This number must equal the number of household members listed in section 3.

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

The form **must** have the **signature** of an adult household member.

(a) The adult household member who signs must include the **last four digits of his/her social security number**. *If he/she does not have a social security number, check the appropriate box.* A social security number is not needed if you listed a SNAP or TANF case number or if you are applying for a foster child.

STEP 5: CHILDREN'S ETHNIC and RACIAL IDENTITIES *Optional* – This field is optional and does not affect your child's eligibility for free or reduced meals. You are not required to answer this question, but completion of this information will help ensure everyone is treated fairly.

INCOME TO REPORT

Earnings from Work	*Public Assistance/Child Support/Alimony Received*	**Pensions/Retirement/Social Security & Other Income**
-Salary, wages, cash bonuses -Net income from self-employment (farm or business) If you are in the military: -Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Social Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits -Private pensions or disability benefits -Regular income from trusts or estates -Annuities-Investment income -Earned interest -Rental income -Regular cash payments from outside household

RSU 18
Belgrade, China, Oakland, Rome, Sidney
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 a Diabetes Road Map)**
Yes	No	Physical limitations that interfere with daily activities
Yes	No	Attention Deficit Disorder (with or without hyperactivity)
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	Developed a chronic illness
Yes	No	Head injury (concussion, skull fracture, etc.)
Yes	No	Surgery or hospitalization

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

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

If you answered **YES** to any of the above questions, please explain here: Please include any other information you would like us to know about your child.

_____
_____
_____
_____

Parent/Guardian Signature: _____ Date: _____

R.S.U. 18

*Belgrade * China * Oakland * Rome * Sidney*

PERMISSION TO ADMINISTER

(Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Antacid, and/or Cough Drops/Throat Lozenge)

R.S.U. 18 will now make available to all students; Acetaminophen, Ibuprofen, Antacid, or cough drops/lozenges. These over the counter medications may only be administered at school with a parent or guardian's written permission. Parents will be notified (for physician guidance) if the student requests ibuprofen or acetaminophen or antacid more than twice a week or if a pattern of regular usage develops.

Parent permission is good only for the current school year. A permission form needs to be completed each school year.

Student: _____ Grade: _____ Teacher: _____

School personnel have my permission to administer the following over the counter medications, to the above listed student for the current school year: _____

Acetaminophen (per label instructions)	**YES ____**	**NO ____**
Ibuprofen (per label instructions)	**YES ____**	**NO ____**
Antacid tablets 1-2 chewable	**YES ____**	**NO ____**
Cough drops / throat lozenges as needed	**YES ____**	**NO ____**
Aleve/Naproxen	**YES ____**	**NO ____**

Parent / Guardian Name (please print): _____

Daytime Phone Number: _____

_____ _____

Parent/Guardian Signature Date Signed

Date Administered	Time Administered	Initials	Reason for Administering

Date Administered	Time Administered	Initials	Reason for Administering

MEDICATION POLICY

Medication should be given at home whenever possible. If necessary, medication can be given in school during regular school hours to maintain a student's physical health. Medication will be administered by the school nurse or by another person designated by the nurse or principal.

1. Parents will transport all medications to school in their original container with prescribing information or the medicine will not be administered.

2. School officials may not administer any medication without written Medication Permission Request Form.

3. Students ARE NOT permitted to keep medications of any type on their person during school. Exception to this may be the use of an inhaler, or bee sting kits and only with written permission of the parent and the physician and approved by the school nurse.
Medication includes: cough drops, aspirin, and cold pills.

4. With the exception of Tylenol, Ibuprofen, TUMS or cough drops, ALL OTHER OVER THE COUNTER MEDICATION will require a physician's order, written permission of the parent, and approval of the school nurse and/or principal. This includes medications on field trips. Students are not permitted to keep medication on their person while on a field trip. The only exception to this would be the use of an inhaler or epi-pen.

5. Any exceptions to this policy must be required and prescribed by the student's physician and approved by the school physician, principal, and school nurse.

6. School personnel shall keep appropriate records regarding prescriptions and the administration thereof.

7. School personnel (principal/school nurse/designated person) will be notified immediately
of any changes in the child's condition or changes in schedule of medication by the parent.

YOUR CHILD SHOULD NOT ATTEND SCHOOL IF HE/SHE EXHIBITS ONE OR MORE OF THE FOLLOWING:

	Do Not Send	May Return to School
Diarrhea	3 loose/watery stools/dry-bloody or foul smelling	Symptom-free for 24 hours
Eye inflammation or conjunctivitis	Pink eye, drainage (pus) from eye, inflammation (swelling) of the mucous membranes of the eye	After treatment with antibiotics for 24 hours and discharge from eye(s) has stopped
Fever	Temperature of 100.4 degrees or higher	Temperature below 100.3 degrees for 24 hours, without use of fever reducing meds
Flu	Abrupt onset of fever, chills, headache, sore muscles, running nose, sore throat, cough	When symptoms are gone, without fever for 24 hours
Impetigo and/or bacterial infections	Blister-like lesion, crusted pus-like sores	After 24 hours of antibiotic therapy
Rash or rash with fever	Unexplained rash with fever or behavioral changes	When physician has determined the illness is not contagious, fever is gone for 24 hours, rash
Sore throat, earache, irritability	Accompanied by fever	Symptom-free for 24 hours
Strep throat diagnosed by physician	Strep throat diagnosed by physician	On antibiotics for 24 hours
Vomiting	One or more times in last 24 hours	Symptom-free for 24 hours

Children with these symptoms cannot comfortably participate in program activities and unnecessarily expose others to their illnesses; they should stay home for at least 24 hours before returning to school. *If you believe your child is too sick to go out to recess, they are probably too sick to attend school.* We appreciate your cooperation in adhering to these guidelines.

Please encourage your child to wash their hands before eating, after using the bathroom and after sneezing or blowing their nose. By using these few guidelines we can all stay a little healthier. If you have any questions, please give your school nurse a call.

Optional-Dental-Prevention Works 2026-2027

DO NOT FILL OUT FORM IF YOUR CHILD IS SEEING A DENTIST OR YOU DON'T WANT THEM TO PARTICIPATE

A Dental Hygienist will see your child during school hours (twice per year) to provide: screening, dental cleaning, fluoride, sealants, 10% iodine to suspend bacteria that causes decay, temporary fillings and/or Silver Fluoride (SF.) SF is used to temporarily manage cavities until your child is able to see a dentist for permanent fillings. When cavities are treated with SF, the tooth will turn dark, which is a good indication that the infection in the tooth is dying. If you DO NOT want SF used, please check here_____ IF YOU WANT YOUR CHILD TO BE SEEN-THE ENTIRE FORM MUST BE COMPLETED OR IT WILL BE RETURNED TO YOU TO COMPLETE. IF YOU DO NOT WANT A SERVICE LISTED ABOVE PLEASE INDICATE SO.

FULL NAME OF STUDENT- PLEASE PRINT CLEARLY:_____GENDER:_____

DATE OF BIRTH:_____-_____-_____ SCHOOL:_____GRADE:_____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME:

ADDRESS:

PHONE NUMBER: EMERGENCY #:

PLEASE PROVIDE THE REQUESTED INFORMATION BELOW, AS IT MAY BE NEEDED IN CASE OF EMERGENCY. IF THERE ARE NONE-PLEASE PUT N/A

MEDICAL CONDITIONS: _____
CURRENT MEDICATIONS: _____
ANY ALLERGIES INCLUDING IODINE_____

Do you have any dental questions/concerns?_____
Has your child seen a dentist or hygienist? Yes___ No___ Date of last visit:_____
Dentist's Name or location of last visit: _____

IF YOU WOULD LIKE TO BE SELF PAY-you will be contacted by Prevention Works before your child's visit to discuss services, cost, payment procedure.

- ☐ 12 or younger-$60 includes cleaning & fluoride varnish)
- ☐ 13 or older-$70 ((includes cleaning & fluoride varnish)
- ☐ Sealants- $20 per tooth (usually recommend on 6 and 12 year molar teeth)

WE WILL ACCEPT THE FOLLOWING DENTAL INSURANCE: MAINECARE, DELTA DENTAL, UNITED HEALTHCARE, CIGNA, AND PATIENTS ADVOCATES. WE DO NOT ACCEPT BLUE CROSS BLUE SHIELD

FILL OUT INSURANCE SECTION. A COPY OF BOTH SIDES OF THE INSURANCE CARD IS NEEDED

DENTAL INSURANCE: *PLEASE PRINT CLEARLY*

Company Name:_____**Policy/ ID #**_____**Group**:_____

Subscriber's Name_____**Subscriber's date of birth**____/____/_____

Subscriber's Address_____

Insurance company provider line phone number:_____

I hereby give permission for my child to be seen throughout the school year. I understand that Prevention Works is HIPPA compliant and all records are kept confidential and that claims to MaineCare insurance will be electronically transferred. ***By signing below, you are giving Prevention Works authorization to share medical/dental information with other healthcare professionals.***

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

RSU18 COPPA Compliance Parental Consent

Regional School Unit 18 (RSU18) is committed to providing students with the most effective web-based tools and applications for learning. In order to do so, we abide by federal regulations that require parental consent as outlined below.

As required by the Child Internet Protection Act (CIPA), RSU18 has technology measures and policies in place which protect students from harmful materials. Email and websites are filtered in an attempt to block inappropriate sites. For more information on CIPA, please visit: http://www.fcc.gov/guides/childrens-internet-protection-act.

Our district utilizes several computer software applications and web-based services operated by third parties. In order for our students to use these programs and services, certain basic information (generally student name, username, and email address) must be provided to the website operator. Under the federal Children's Online Privacy Protection Act (COPPA) law, these websites must notify parents and obtain parental consent before collecting information from children under 13 years of age. For more information on COPPA, please visit http://www.ftc.gov/privacy/coppafaqs.shtm.

The law permits schools, such as those in RSU18, to consent to the collection of this information on behalf of all of its students. When email addresses are utilized, it is important to note that students in grades K-6 can only email RSU18 staff members from their school accounts and cannot receive email from any outside email address. Outside individuals and companies will not be able to communicate with children in these grades.

Under the Children's Online Privacy Protection Act (COPPA), verifiable parental consent is required for students under the age of thirteen (13) if accounts containing this information are created for them on third party websites or online services. Information for your child, consisting of but not limited to, first name, last name, birth date, username and email address may be provided to the online resource for the purpose of securing confidential credentials and access for the student. This information will remain confidential and will not be shared except for providing online programs solely for the benefit of students and the school system. RSU 18 does not willingly allow the use of any apps/online services that use student data for commercial use.

Student Name _____

Please check the appropriate box below.

❏ I give permission for Regional School Unit 18 to use accounts for my student in the above mentioned services.

❏ I DO NOT give permission for Regional School Unit 18 to use accounts for my student in the above mentioned services.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

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

School Administrative Unit RSU 18

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

If you have questions regarding this form, please contact: Special Services (207)-465-2435.

Please return this form to:

RSU 18
Finance Office
41 Heath Street
Oakland ME 04963