



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 <small>*Not needed for Middle or High School students</small>
	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



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 legal residence (electricity, phone, oil, gas)
- _____ lease agreement indicating legal residence and landlord's address and phone number
- _____ drivers 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 Belgrade, Oakland, Sidney, Rome, or China.
- _____ other _____ (requires Superintendent's approval)

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 Assignment: _____ PM Bus Assignment: _____

STUDENT NAME	LAST:	FIRST:	MIDDLE:
Date of Birth:	Gender:	Year of Graduation:	
Home Phone:		Student Cell Phone:	
Town of legal Residence:		Mailing Address:	
Physical Address:		City:	State: Zip:
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			
If student's US citizenship status is immigrant, enter US arrival date : _____ Enter date first enrolled in US School: _____			

PREVIOUS SCHOOL INFORMATION

Was the student Home Schooled? **Yes No** Student was enrolled in what grade?
Previous School Attended: Previous District Attended:
School Address: School Phone:

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 Inland Hospital MaineGeneral-Thayer Unit MaineGeneral-Augusta**
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**

**Contact
Priority
1**

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

**Contact
Priority
2**

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

**Contact
Priority
3**

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

**Contact
Priority
4**

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

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"/>
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>
	Pager	x	<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"/>
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>

Can pick up from school
 Emergency Contact

Additional Contact 3

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

Can pick up from school
 Emergency Contact

Additional Contact 4

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

Can pick up from school
 Emergency Contact

Student Information Notices and Agreements Annual Review [2021-2022 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.

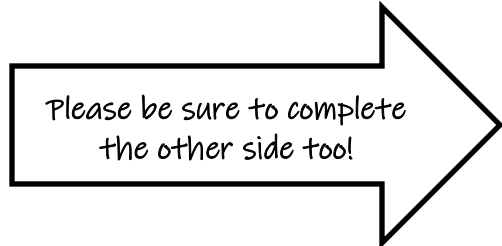
INFORMATION PROVIDED TO INSTITUTIONS OF HIGHER LEARNING

- 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.

Student Transportation Schedule For School Year _____



Student's Last Name	Student's First Name	MI	Grade	Teacher
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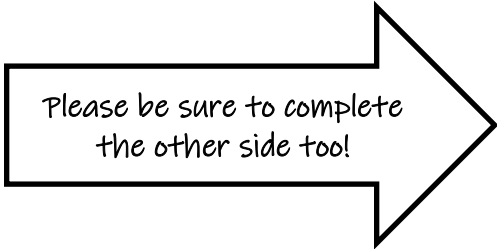
IF YOU HAVE ANY QUESTIONS ABOUT BUSING, BUS ASSIGNMENTS AND FIRST OR SECOND TRIP SCHEDULES YOU MUST CONTACT THE DISTRICT BUS GARAGE AT 465-2102.

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

Unexpected Early Release Days For School Year _____



Student's Last Name	Student's First Name	MI	Grade	Teacher
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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 SIDES OF FORM



Authorization to Release Student Records

I, _____, authorize the “sending school” (listed below) to forward the following items, for the student(s) listed that have enrolled at _____ in RSU 18. (Name & Mailing Address of School)

- _____ 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

Name, address, and phone number of the last school your child/ren attended. This information is required in order for us to request records.

Sending School: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Student(s) Transferring	Grade Student(s) Currently Enrolled In

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.

FREE AND REDUCED PRICED SCHOOL MEAL HOUSEHOLD APPLICATION SY-2022

F R D

Step 1: STUDENT INFORMATION List all RSU 18 students living in the Household

_____	_____	_____	Foster Child	Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Foster Child	Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Foster Child	Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Foster Child	Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/>	<input type="checkbox"/>

- Our family does not qualify for this program. (Sign and return form to school)
- I have completed an online electronic application at www.myschoolapp.com. (Sign and return form to school)

Parent signature: _____ Date: _____

APPLYING FOR MEAL BENEFITS-COMplete STEPS BELOW:

Step 2: BENEFITS If any members of your household receive SNAP, TANF or FDPIR assistance provide the case number and name of the person receiving these benefits, sign and return to school.

Name: _____
 Signature: _____ SNAP or TANF Number _____ Letter _____

Step 3: INCOME List ALL Household Members and students with income and their total gross income (before deductions).

Names	Gross Income														
	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Welfare, 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
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 4: Required - Adult signature and last four digits of social security number

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: _____ Confirming Official's Signature: _____ Date: _____

Step 5: OTHER BENEFITS – You do not have to complete this part to get free or reduced priced school meals

It's not too late to sign up for free or low-cost health coverage! Enrollment is open year-round. Children or teens in a family may qualify for Maine Care. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. You can apply online using [My Maine Connection](#). If you have questions or would like assistance with your application, call the Consumers for Affordable Health Care (CAHC) at 1-800-965-7476.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I give up my rights to confidentiality for the purpose of applying for health insurance only. I certify that I am the parent/guardian of the child for whom application is being made.

Signature of parent/guardian _____ Date _____

Step 6: CHILDREN’S ETHNIC and RACIAL IDENTITIES: Optional. 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

School Year 2022 Income Guidelines For Reduced Price Meals	
REDUCED	
INCOME GUIDELINES	
Household Size	Monthly
1	1986
2	2686
3	3386
4	4086
5	4786
6	5486
7	6186
8	6886
For each additional family member add:	
	700

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced priced meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced priced meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look in to violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) fax: (202) 690-7442; or

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

USDA is an equal opportunity provider, employer, and lender.

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. If you wish to file a discrimination complaint electronically, please go to https://www.maine.gov/mhrc/file_a_complaint/general_intake_form.htm and complete an intake questionnaire. Before completing this process, it may be helpful to review relevant links under Guidance. If you are not sure how the Maine Human Rights Act may apply to you, please review the publication, "What It Is! How It Works" located at https://www.maine.gov/mhrc/guidance/what_it_is.htm. Maine is an equal opportunity provider and employer.

HELPFUL INSTRUCTIONS FOR COMPLETING THE FREE & REDUCED PRICED SCHOOL APPLICATION

STEP 1: REQUIRED: List all students attending RSU 18 schools'

Check the box if they are a Foster Child

Check the box if they homeless/migrant

- **If you do not qualify for the benefits, check the appropriate box, sign the form and return it to the school**
- **If you have completed an online application, check the appropriate box, sign the form and return it to the school**

STEP 2: If anyone in the family receives SNAP or TANF, enter the name and the case number, sign the application and return it to the school.

STEP 3: If you are applying for meal benefits, enter *all others* in the household and all income in the appropriate boxes. This includes any other children at home or attending other school districts.

NOTE: Please enter \$0.00 for everyone in the household with no income.

STEP 4: THIS SECTION IS REQUIRED FOR ALL INCOME APPLICATIONS. Sign the document (must be an adult), enter the last 4 digits of your social. Complete the section and return the form to the school.

ANYONE NEEDING ASSISTANCE WITH THIS APPLICATION MAY CALL YOUR CHILD'S SCHOOL OR THE NUTRITION DIRECTOR AT 465-7384 EXT. 2661 FOR HELP.

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: 2021-2022

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** ____

Parent / Guardian Name (please print): _____
Daytime Phone Number: _____

Parent/Guardian Signature

Date Signed

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.

Prevention Works Dental Hygiene 2021/2022

Dear Parent or Guardian,

If you do not wish for your child to participate in the school dental clinic, DO NOT FILL OUT THIS FORM.

A Dental Hygienist will see your child during school hours to provide oral inspections, cleanings, oral hygiene instructions, fluoride varnish, sealants, temporary fillings, and/or Silver Fluoride (SF.) SF is used to temporarily manage cavities until your child can get permanent fillings from a dentist. When decay is treated with SF, the tooth will turn dark. This is a good indication that the infection in the tooth is dying. If you do **not** want SF used, please check this box . A report will be sent home with our findings. **Please complete and return this permission slip ONLY if you would like your child to participate.**

If there are any medical changes in the health of the child during the year, please notify the school nurse. We will notify the school nurse if your child needs emergent care. Parents/guardians that choose self-pay will be contacted by Prevention Works before the clinic date to discuss services, cost, and payment procedure. Parents/guardians that choose to withdraw child after enrolling must contact Prevention Works. **THIS PROGRAM DOES NOT REPLACE AN EXAM BY A DENTIST.**

If you have any questions, please call Alissa Wade, IPDH at 207-949-2963

Child's Name: _____ Date of Birth: ____ - ____ - ____ Sex: M ___ F ___
(As it appears on Insurance card, PLEASE PRINT CLEARLY)

School Name: _____ Teacher: _____ Grade: _____

<input type="checkbox"/> MaineCare # _____ (9-digit number on front of card)	<input type="checkbox"/> Self-Pay (includes cleaning and fluoride varnish) <input type="checkbox"/> 12 or younger (\$50.00) <input type="checkbox"/> 13 or older (\$60.00) <input type="checkbox"/> Cash <input type="checkbox"/> Money Order (payable to Prevention Works) <input type="checkbox"/> Debit/Credit card # _____ Name on Card: _____ Expiration date: _____ 3-digit code: _____ Billing ZIP code: _____ Email for receipt: _____
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<input type="checkbox"/> Dental Insurance (MUST be complete. ALL information is required. A copy of both sides of card is helpful) Insurance Company: _____ Insurance Co. claims address: _____ Zip Code: _____ Phone: _____ ID Number: _____ Group Number: _____ Subscriber Name: _____ Subscriber Date of Birth: _____ Employer & Address _____ Zip Code: _____

Home Address: _____
 City/Town _____ Zip Code _____
 Parent/Guardian Phone Numbers (check best) Home: _____ Cell: _____ Work: _____
 Allergies, Current Medications, Medical Conditions: _____

Do you have any dental questions or concerns? _____
 Has s/he seen a dentist or hygienist? Y ___ N ___ Date of last visit ____ - ____ - ____
 Dentist's Name of location of last visit: _____

*Yes, I give permission for my child to be seen throughout the school year. I will notify the school nurse of any changes in the medical history. I understand that Prevention Works is HIPAA 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 to share medical/dental information with other health professionals.***

Signature: _____ Date: _____

Please PRINT your name _____

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: _____

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



Maine Migrant Education Program

School Survey 2021-2022

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) 624-6722. 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: <https://www.maine.gov/doe/migrantform>

Maine Migrant Education
Dept. of Education
23 State House Station Augusta, ME 04333-0023

Amelia Lyons, State Director
amelia.lyons@maine.gov
(207) 624-6722

form updated February 2020

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 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. Limited information for your child consisting of 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 _____ Student ID _____

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: _____

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: _____
(Parent or person in parental relationship)

Date: _____

If you have questions regarding this form please contact:

Please return this form to: