

OFFICE USE ONLY:

SURRY ELEMENTARY SCHOOL

Enrollment Date: _____
Grade Entering: _____
Teacher: _____
Prior School: _____

STUDENT REGISTRATION

Child's Full Name: _____
(Last) (Middle) (First)

Date of Birth: _____ Age: _____ Sex: _____ Grade: _____
Place of Birth: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____ Town of Residence: _____

Address for Bus Driver: _____
(please be specific: i.e. 154 Surry Road, Red house on right just past Ben's store...)

Address mail to: ___ Father ___ Mother ___ Both parents ___ Other (specify) _____
Mother's address: _____
Father's address: _____

Child lives with (please check):
Both parents: ___ Mother: ___ Father: ___ Other: ___

Name of person child lives with if not biological parents: _____
Relationship of person to child: Foster parent: _____
Legal guardian: _____
Other: _____

Baby-sitter/child care _____
Address _____

WORK INFORMATION:

<u>FATHER</u>	<u>MOTHER</u>
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Employed by: _____	Employed by: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____

Relative/neighbor/friend who would be responsible for transportation/care of your child in case neither parent can be reached. Please list two:

Name _____ Phone number (home): _____ (work): _____
Name _____ Phone number (home): _____ (work): _____

In case it is necessary to call a doctor, which doctor should be called?

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Are there any specials problems of which the school should be aware:

Please check any special programming your child was involved with at his/her previous school:

Special Education: _____ Gifted and Talented: _____ 504 Disability: _____

Title 1 Reading: _____ Title 1 Math: _____ Migrant ED Program: _____ CDS: _____

Other: _____

Are there any people restricted by an official court order from contact with your child

No Yes, if yes who _____

If yes, a copy of the restraining order for our records is required to better protect your child.

Grades PreK-2 only: Is your child independent in the bathroom? Yes No

Other (Explain) _____

Grades PreK-2 only: Child has attended: Daycare Pre-K Other (Explain)

If yes, where: _____ How long? _____

Is your child involved with custody/guardianship by the Department of Human Services (DHS):

Yes _____ No _____

If yes, please provide the following information:

Name of the DHS Caseworker: _____

Location of the DHS Office: _____ Telephone: _____

ADDITIONAL INFORMATION:

1. Divorced/separated parents MUST PROVIDE LEGAL EVIDENCE OF CHILD CUSTODY for school records. Current custody is with _____

Is your former spouse allowed to pick up your child(ren)? Yes _____ No _____

If not, legal documentation is required.

PERMISSION FOR FIELD TRIPS:

My child has permission to go on various field trips taken by the school this year.

____ YES ____ NO Parents will always be informed prior to each trip.

Parent signature

School Union 93
P.O. Box 630
Blue Hill, Maine 04614
(207) 374-9927
Fax #(207) 667-7855

SCHOOL UNION #93

PROOF OF RESIDENCE IN ORDER TO ENROLL CHILD

I AM THE PARENT OR LEGAL GUARDIAN OF

Name(s) of Child(ren)

and wish to enroll such child(ren) in the _____ School.
I understand that Maine law provides that each child must attend a public school in
the attendance area where the parent or legal guardian resides. I reside at the
following street address which I believe is in the boundaries of the town of
_____.

I understand that the Superintendent of Schools may require additional proof that I
am the parent or legal guardian of the child(ren) identified by me on this form. I
also understand that the Superintendent of Schools MAY require additional proof
that I reside at the address given on this form, and that local law enforcement
agencies are often used to verify residency:

DECLARATION

I declare under penalty of perjury that I have read the above statements and
information provided by me, that such statements and information are true and
complete to the best of my knowledge, and that this declaration was executed on
_____ at _____, Maine.

Type or Print Name

Signature

Date

.....
FOR OFFICE USE ONLY
.....

School Union #93

Blue Hill • Brooksville • Castine • Penobscot • Surry

Derek Perkins Superintendent of Schools
Dawn McLaughlin, Assistant Superintendent
Sheila Irvine, Director of Special Services

Registration/Enrollment Questionnaire

Your Child may be eligible for additional educational services through Title X Part C of the McKinney-Vento Assistance Eligibility Act. Eligibility can be determined by completing this questionnaire. *Please complete the following information and return with your child's registration packet.*

Student Name: _____ Today's Date: _____

Date of Birth: _____ Grade: _____ School: _____

Section A: Where are you and your family currently living? Check one of the options below.

_____ Rent or own my own home or apartment.

STOP: If you checked that you rent or own your own home or apartment, skip to the bottom of the page, sign the form and then submit it to school personnel. If you do not rent/own your own home or apartment, please continue on to Section D.

Section B:

_____ Temporarily with another family member or friend until we can locate affordable housing

_____ In an emergency or transitional shelter

_____ In a vehicle, park, campground or on the streets

_____ In a house, trailer or building WITHOUT running water or electricity

_____ In a hotel or motel

_____ With an adult that is not a parent or legal guardian

_____ Alone or in different locations, without an adult serving as a caregiver

_____ Whenever I can a place to stay for the night

_____ Other: _____

Section C: If you checked any of the above in Section B, on the following page please list all of the children currently living with you, even if they are not yet of school age.

School Union #93

Blue Hill • Brooksville • Castine • Penobscot • Surry

Derek Perkins Superintendent of Schools
Dawn McLaughlin, Assistant Superintendent
Sheila Irvine, Director of Special Services

First & Last Name of Student or Child	Date of Birth	Grade	Name of Community
1.			
2.			
3.			
4.			
5.			
6.			

HOUSING and EDUCATIONAL RIGHTS

Students without fixed, regular and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs and transportation to extra-curricular activities to the same extent that is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison coordinator, Sheila Irvine, at 374-9927 or the State Coordinator at (207) 557-1787.

*Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to you? _____ yes _____ no

Section D: The undersigned certifies that the information provided is correct and accurate.

(Print) _____ Name of Parent or Guardian, DATE:

(Signature) _____ Name of Parent or Guardian, DATE:

Relationship to Student: _____

Phone: _____

Email: _____

Mailing Address/Physical Address (if available): _____