

MAINE SCHOOL ADMINISTRATION DISTRICT 54  
APPLICATION FOR ENROLLMENT

**FOR OFFICE USE ONLY**

School: \_\_\_\_\_  
Teacher/HR: \_\_\_\_\_  
Grade: \_\_\_\_\_  
PS Student #: \_\_\_\_\_  
State #: \_\_\_\_\_  
Date Enrolled: \_\_\_\_\_  
Birth Certificate on File: YES NO  
Verified by \_\_\_\_\_  
Immunization Records: YES NO  
Consent for MECare Access: YES NO

**Registration/Transfer Student:**

The following information and certifications are required before a new or transfer student will be considered for admittance to MSAD #54 schools.

**Student Information:**

Student's Name: \_\_\_\_\_ Ethnicity: \_\_\_\_ Gender: \_\_\_\_  
Last First M.I.

Place of Birth: \_\_\_\_\_ Has this student been enrolled in a MSAD#54 school before? \_\_ YES \_\_ NO  
City State Arrival date in U.S. (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

**Parent/Guardian Information:**

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Last Home Address Cell Phone: \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
First Last Home Address Home Phone: \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Last Home Address Work Phone: \_\_\_\_\_

Step Parent: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Last Home Address Work Phone: \_\_\_\_\_  
Step Parent: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Last Home Address

**Student lives with (check all that apply):**

Yes  No Father Email Address: \_\_\_\_\_  
 Yes  No Mother Email Address: \_\_\_\_\_  
 Yes  No Legal Guardian Email Address: \_\_\_\_\_  
 Yes  No Other (Name & Relationship): \_\_\_\_\_

Student Last Name:

Student First Name:

- Yes No If the student lives in the District with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.
- Yes No If a custodial parent/guardian wishes the MSAD #54 schools to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.
- Yes No If the student is an emancipated minor, a certified copy of the court order must be attached.
- Yes No If the student is homeless, he/she should discuss his/her situation with the Principal or designee.
- Yes No If the student lives in the District with a parent who has gained primary residency/custody status for the student through a court order or a divorce decree, a certified copy of the court order or divorce decree must be attached.

### Parent/Guardian Certification of Residency/Custody

I certify that I live with the student named above at the street address identified above. I understand that the MSAD #54 school district reserves the right to require proof of residency/custody, and that I have the burden of proof regarding residency/custody. If this residency/custody information changes, I agree to bring it to the immediate attention of MSAD #54.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

### Student Education/Disciplinary Records from Previous School

Name of school student is transferring from: \_\_\_\_\_ Student's current grade: \_\_\_\_\_  
 Address of school: \_\_\_\_\_ School Phone: \_\_\_\_\_  
 Reason for transfer: \_\_\_\_\_

- Yes No Is the student currently subject to expulsion from the school from which he/she is transferring OR has the student withdrawn from the school before an expulsion hearing or suspension?

If the answer is 'Yes', please attach a written statement of the circumstances. If the student has been expelled or suspended, or withdrew from school before an expulsion hearing or suspension, the student will not be allowed to enroll in MSAD #54 schools until the Superintendent has made a determination as to whether to admit the student and if so, under what conditions.

The applicant is hereby notified that MSAD #54, in accordance with 20-A M.S.R.A. 6000-1B, shall request all of the student's education and disciplinary records from the school he/she is transferring from. MSAD #54 may also request an oral or written report from the previous school as to whether the student has been expelled or suspended, or withdrew from school before an expulsion hearing or suspension.

If the applicant is allowed to enroll in MSAD #54 schools pending receipt of education and disciplinary records, such enrollment shall be considered conditional until the Superintendent has made a determination as to the student's disciplinary status in the previous school.

Student Last Name:

Student First Name:

### Immunization Records

- Yes  No Is your child covered by insurance? Insurance Company Name: \_\_\_\_\_
- Yes  No Immunization records provided (signed statement from health provider specifying immunizations received, dates, and dosages).  
Immunization is required for poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, measles, mumps, rubella and varicella (chicken pox). Implementation of the varicella immunization requirements are as follows: K-12 by 2007-08. (20-A M.R.S.A 6352-6359 and Chapter 126 of the Maine Department of Education Rules.)

**(Skip this section if immunization records are provided) Non Immunized students are not permitted to attend schools unless one of the following conditions is met (please check applicable box):**

- Yes  No Parent/legal guardian provides a written statement that child will be immunized within 90 days of this application (**this option is only available once in the student's school years**); OR
- Yes  No Parent/legal guardian provides a written statement from a physician that immunization against one or more diseases may be medically inadvisable (**required each year**); OR
- Yes  No Parent/legal guardian provides written statement seeking exemption from immunizations on the basis of religious, philosophical, or personal objection (**required each year**).

### Special Education Services

- Does your child have a Medicaid/MaineCare ID number?  Yes  No If yes, please provide here \_\_\_\_\_  
If 'YES', MSBS Consent for Release of Information form must be completed with all required information, signed and included at the time of application and verified here:  
MSBS consent form signed/submitted:  Yes  No
- Has your child:
  - Repeated a grade?  Yes  No If yes, which one? \_\_\_\_\_
  - Received Special Education Services  Yes  No If yes, which subjects? \_\_\_\_\_
  - Received Title I Help?  Yes  No If yes, which subjects? \_\_\_\_\_
  - Received Gifted & Talented Programming?  Yes  No If yes, which subjects? \_\_\_\_\_

Yes  No Does your child have a 504 Plan?

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

- |         |  |       |                      |  |       |
|---------|--|-------|----------------------|--|-------|
| Medical | <input type="radio"/> Yes <input type="radio"/> No | _____ | Physical Therapy     | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Hearing | <input type="radio"/> Yes <input type="radio"/> No | _____ | Occupational Therapy | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Vision  | <input type="radio"/> Yes <input type="radio"/> No | _____ | Behavior             | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Speech  | <input type="radio"/> Yes <input type="radio"/> No | _____ | Attendance Problems  | <input type="radio"/> Yes <input type="radio"/> No | _____ |

Comments: