



# Regional School Unit 16

1146 Maine Street, Poland, Maine 04074

Tel: 207-998-2727

\* CHECK SCHOOL \*

- Elm Street School
- Minot Consolidated School
- Poland Community School
- Whittier Middle School
- Poland Regional High School

## STUDENT REGISTRATION FORM

PARENT/GUARDIAN PLEASE COMPLETE THE FOLLOWING

**Registration Date:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Student's Full Legal Name:** \_\_\_\_\_  
Last First Middle

**Home Address:** \_\_\_\_\_  
Number and Street or Road Town Zip Code

**Mailing Address (If different from above):** \_\_\_\_\_

**Sex:** Male Female **Mother's Maiden Name:** \_\_\_\_\_ **Home Phone No:** \_\_\_\_\_

**Birth Information:** City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Please bring original Birth Certificate

**Is Child a U.S. Citizen?** Yes No  
 If No, enter Date Entered U.S.: \_\_\_\_\_ Date First Entered U.S. Schools: \_\_\_\_\_

**Ethnicity:** Caucasian/White Hispanic Asian/Pacific Islander  
 African American/Black American Indian/Native Alaskan

### BLOCK 2

**Primary Language Spoken at Home:** \_\_\_\_\_ **TANF #:** \_\_\_\_\_

**English Proficiency:** Native Speaker Bilingual Limited English Proficient

**Is child a State Ward?** Yes No **Is child a State Agency Client?** Yes No

**Health Insurance?** Do you have health insurance? Yes - List Policy ID # below No  
 Maine Care - Insurance ID #: \_\_\_\_\_ Private - Insurance Policy #: \_\_\_\_\_

### BLOCK 3

**Who Holds Legal Custody for this Child?**  
*Please list Parent(s), Legal Guardian(s) and their relationship to the child (e.g. father, mother, step-father, step-mother, etc.)*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Tel. No. - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Tel. No. - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Tel. No. - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Who Does the Child Live With?** Check all that apply  
 Mother Father Other: \_\_\_\_\_ Legal Guardian\*\*

\*\* Legal Guardian Relation: \_\_\_\_\_  
*If child resides with a legal guardian who is not the parent, a certified copy of the court order appointing the guardian must be attached. If a custodial parent/guardian wishes the school to comply with provisions of a court order restricting access to the child, a certified copy of the court order must be attached. If the student is an emancipated minor, a certified copy of the court order must be attached.*

Other Living Arrangements: \_\_\_\_\_

Parent/Guardian declares the student is Homeless: \_\_\_\_\_

**BLOCK 4**

**Other Children in Household:** (List relationship as brother, sister, step-brother, step-sister, other)

Legal Name	Age	Grade	School	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BLOCK 5**

**Emergency Contact Information:** (List 3 people who may assume temporary care of your child (including Sitter) if you cannot be reached).

Name	Address	Phone	Relation	Sitter
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BLOCK 6**

**Parent/Guardian Certification of Residency:**

I certify that the student named above lives at the residence address identified above. If this residency information changes, I agree to bring it to the immediate attention of Regional School Unit 16.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

**Required Proof Of Residency Provided:**

- Utility Bill
- Rent Receipt/Mortgage Payment Book
- Deed or Real Estate Tax Bill
- Driver's License
- Voter Registration Card
- \_\_\_\_\_  
Registrar's Initials

**CONTINUE FOR TRANSFER STUDENTS ONLY**

**BLOCK 7**

**Previous Enrollment Information:** (Not for new Kindergarten Registration)

- Previous School's Name, Address, Telephone No.: \_\_\_\_\_
- Reason for transfer: \_\_\_\_\_
- Has the child been previously enrolled in RSU16 schools? Yes - If Yes, what year: \_\_\_\_\_ No
- Does the child currently receive Special Services? Yes - If Yes, check below No
 

Special Education	Title 1	504	Gifted/Talented	Speech/Language	Migrant
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 Please Explain: \_\_\_\_\_
- Has the child ever been retained? Yes - If yes, grade: \_\_\_\_\_ No
- \*Is the child currently:
 

Expelled from the school from which he/she is transferring?	Yes	No
Suspended from the school from which he/she is transferring?	Yes	No
- \*Did the child:
 

Withdraw from the school before an expulsion hearing?	Yes	No
Withdraw from school before a suspension?	Yes	No

*\*If the answer is Yes to 6 or 7 above, 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 RSU16 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 the RSU16 school department, in accordance with 20-A M.R.S.A., §6001-B, shall request all of the student's education and disciplinary records from the school he/she is transferring from. RSU16 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 an applicant is allowed to enroll in RSU16 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.*

**OFFICE USE ONLY**

Student ID #: _____	Original Birth Certificate Provided - Copy for file	Health Survey Provided
Year Of Graduation: _____	Residency Checked	Physical Examination Verification Provided
Date of Entry: _____	Home Language Survey Provided	Immunization Records Provided