

MESSALONSKEE MIDDLE SCHOOL

Belgrade – China – Oakland – Sidney - Rome

Dear Parents,

We are delighted that you have chosen our school in which to enroll your middle school child. We believe that you will find that we will work with you to help facilitate your transition to our district.

There are certain things that we need in order to complete the enrollment process. We need you to bring in the following:

- a copy of your child's birth certificate
- your driver's license to be photocopied
- a document that will prove residency in our towns, which could be a mortgage statement or rental agreement showing your physical address
- any court documents indicating custodial agreements
- copy of IEP if receiving special education services
- copy of immunizations

We will need to schedule a time with you for your child to complete a math placement test while a parent fills out enrollment paperwork. We will also provide a tour of the middle school at that time. This process is typically completed within an hour.

If your middle school student wants to participate in sports, we will need a copy of a physical examination from your primary care provider, completed within the last two years. This document may be turned into the main office prior to the beginning of each sport season.

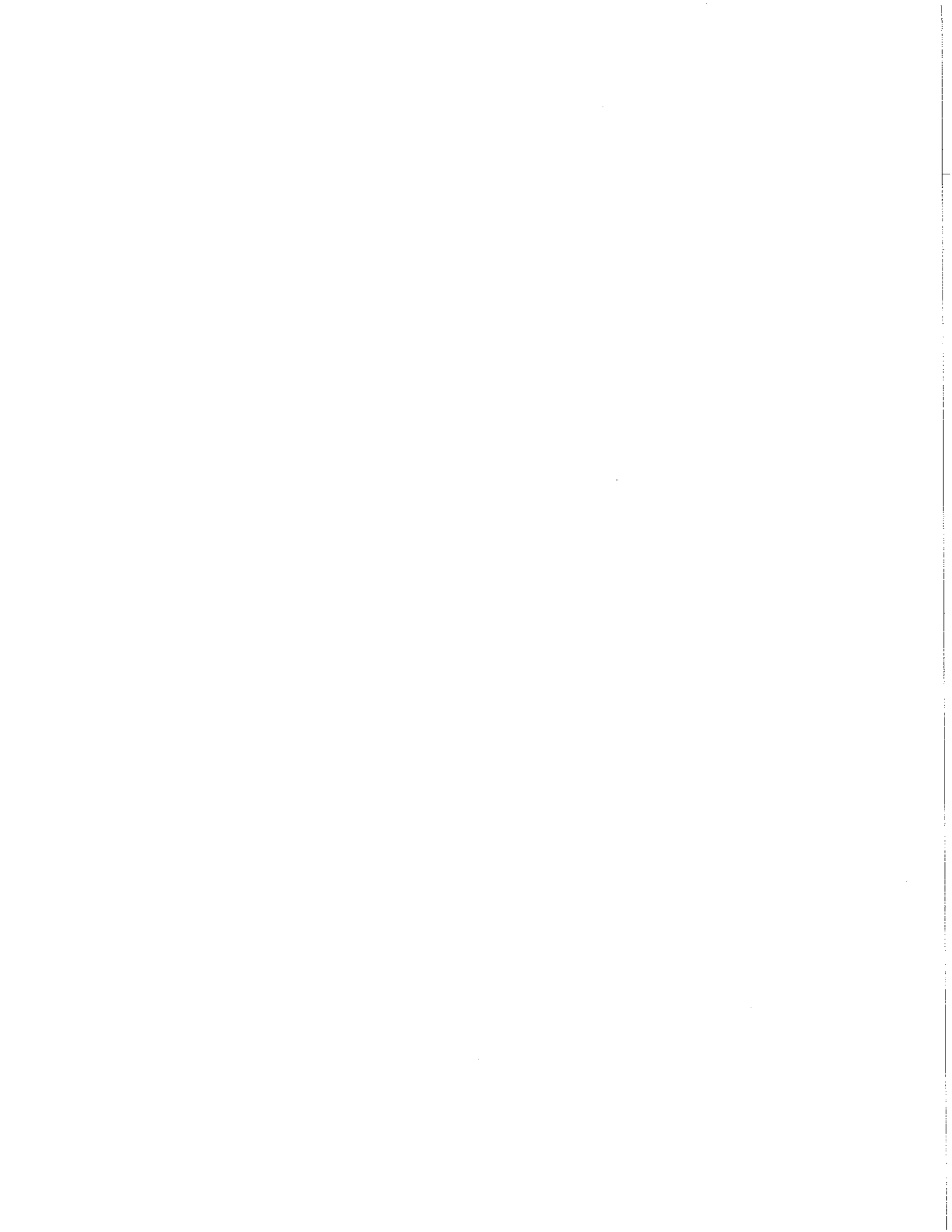
If your student requires medication to be dispensed during school hours, we will have you fill out a form with necessary routine and dosage information for our school nurse.

We look forward to meeting you.

Sincerely,

Kris Croteau
Student Last Names A-L

Alexis Glidden
Student Last Names M-Z



RSU# 18 Enrollment Form

School: Messalonskee Middle 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.

ORIG. USE ONLY

Date of Entry:	Homeroom Teacher:	Birth Certificate certified by:

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			
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 uniformed service of the United States or within one year of medical discharge or retirement from uniformed services, please circle one: **Active Duty / National Guard or Reserve**

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 Limited English Proficiency (LEP) 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	

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

Additional
Contact
1

Name:		Relationship:			<input type="checkbox"/> Can pick up from school <input type="checkbox"/> Emergency Contact
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"/>	

Additional
Contact
2

Name:		Relationship:			<input type="checkbox"/> Can pick up from school <input type="checkbox"/> Emergency Contact
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"/>	

Additional
Contact
3

Name:		Relationship:			<input type="checkbox"/> Can pick up from school <input type="checkbox"/> Emergency Contact
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"/>	

Additional
Contact
4

Name:		Relationship:			<input type="checkbox"/> Can pick up from school <input type="checkbox"/> Emergency Contact
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"/>	

**Student Information Notices and Agreements
Annual Review [2018-2019 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

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MESSALONSKEE MIDDLE SCHOOL

**Guidance Department
Belgrade – Oakland – Rome –Sidney**

**33 School Bus Drive
Oakland, ME 04963**

**Telephone (207) 465-2167
Fax (207) 465-9683**

**Kris Croteau
School Counselor**

**Alexis Glidden
LCSW**

School: _____ STUDENT: _____

GRADE: _____

DATE: _____

**Please enter Student's MEDMS # _____ and fax this form
back to us upon receipt. Thank you.
(only need when transferring between schools within the State of Maine)**

Dear Sir/Madam:

Please forward records of the above-mentioned student who enrolled here at Messalonskee Middle School today. We would appreciate the following:

- _____ **Prior report cards**
- _____ **Results of standardized tests and results of tests administered such as Key Math, WISC, Woodcock Reading, and WIAT**
- _____ **Copies of PET minutes/IEP**
- _____ **Health records including immunizations**
- _____ **Birth certificate**
- _____ **Other information which you feel we should know**

******* If the student transferred before the completion of the school year, please indicate date of withdrawal and include all grades earned for the partial grading period.**

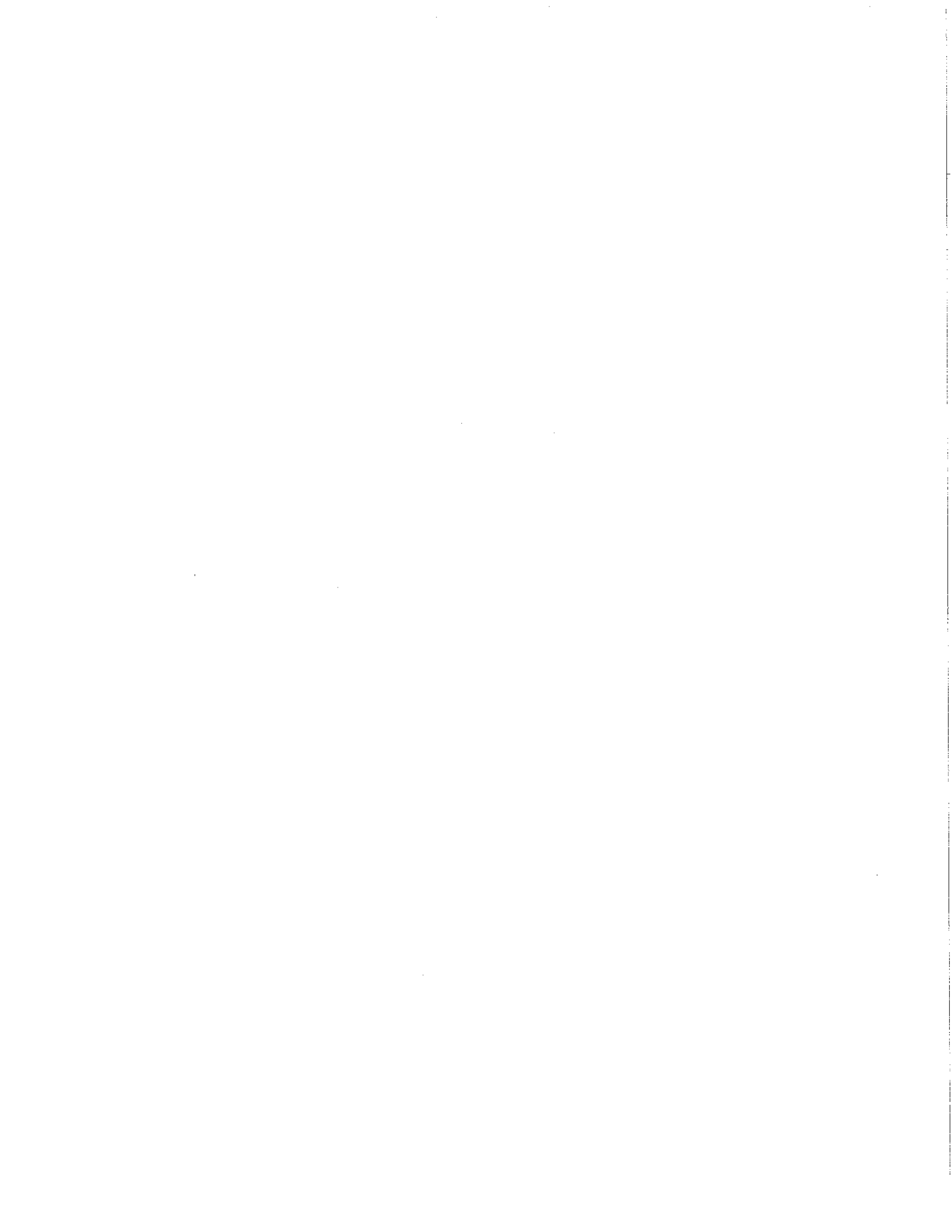
Federal Law: 'No parent signature required for educational records sent to another educational agency.' Federal Register, June 17, 1976 Vol, No. 118, P.24673).

Please release these records per signature(s) below:

Sincerely,

Parent/Guardian Signature

Registrar



REGIONAL SCHOOL UNIT NO. 18

Residency Affidavit

Date: _____

I, _____ declare that I am the parent or legal guardian of
_____, and I reside at the following address in the town of
(Please print student's name.)

Legal residence: _____

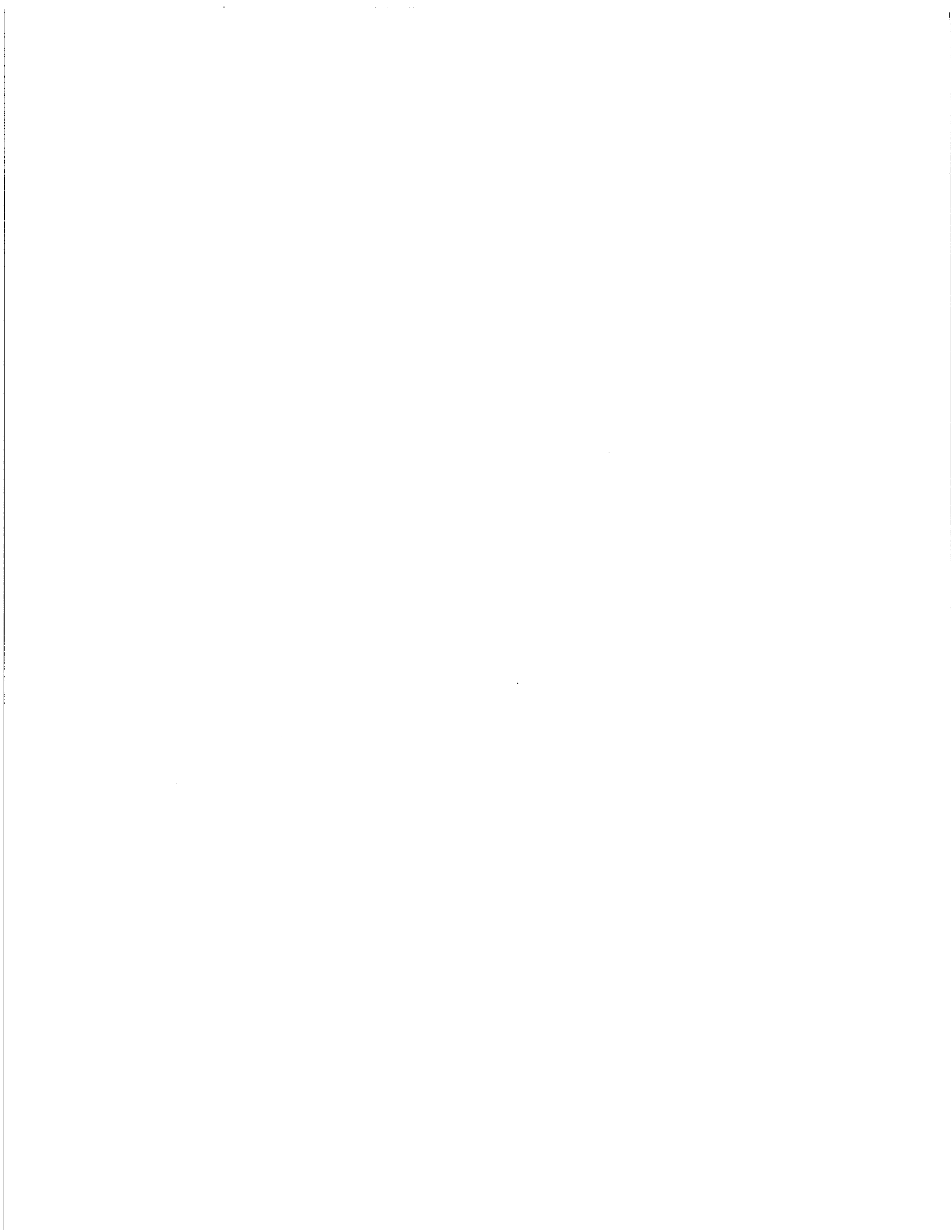
Proof of residence submitted for verification includes:

- _____ utility bill indicating legal (physical) residence;
- _____ lease agreement or rent receipt indicating legal residence and landlord's address and phone number
- _____ insurance card;
- _____ Social Services papers (i.e., Social Security, TANF, Homeless Shelter verification);
- _____ documentation of home ownership from the town office of Belgrade, Oakland, Rome or Sidney; or
- _____ other _____

I hereby certify that this information is true and correct. I authorize Regional School Unit No. 18 to independently verify this information. Misinformation will result in RSU No. 18 requesting the student attend school in the actual school system of residence.

Signature

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





Maine Migrant Education Program

School Survey 2017-2018

School Name: _____ School District: _____

The following information is confidential and for Maine Migrant Education screening purposes only

Please fill out **completely** to find out if your child may qualify for our **free services** such as: **tutoring, free lunch, and graduation support**

Have your children moved with you across school district lines in the last 3 years?
 Yes No

Did you or another person in your home work in agricultural or fishing in the past three (3) years?
 Yes No

If yes, please circle all that apply:



Feed Cattle, Processing, Packing



Dairy



Eggs



Harvest Blueberries



Cultivation, soil preparation



Fishing, Fish Processing



Lobstering



Harvest (fruit and vegetables)



Milling, Cotton



Trees Planting, Cutting



Greenhouse, Nursery, Sod



Harvest Potatoes



Picking Apples

Print Parent/Guardian Name: _____ Phone: _____

Street Address: _____ City: _____

Please list children below:

First Name	Last Name	Grade	Date of Birth

Parent's/Guardian's signature: _____ Date: _____

Please return this form to one of your child's teachers, or to the central office of your school. If you have any questions about the purpose of this form, please call 207-624-6722. Thank you!

SCHOOL STAFF: MAIL US THIS FORM IF QUESTIONS 1 & 2 BOTH SAY 'YES'
 For the most up to date version of this form go to website: <http://maine.gov/doe/migrant/forms/index.html>

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

David Fisk, State Director
 David.Fisk@maine.gov

form updated January 2017



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

RSU 18
Belgrade, China, Oakland, Rome, Sidney
Student Health History

Student Name: _____ Student DOB: _____ Gender: _____ Grade: _____
 Resides with: Please circle one: Parents Mom Dad Other _____
 Parent/Guardian: _____
 Address (Street, Town, ZIP): _____
 Phone Number: Home _____ Cell _____ Work _____
 Family Doctor: _____ Family Dentist: _____

DOES THE STUDENT HAVE ANY OF THE FOLLOWING? Circle Yes or No.

Yes	No	Diabetes Insulin dependent: Yes No If yes, please provide Diabetes Road Map
Yes	No	Physical limitations
Yes	No	Allergies (Medications, food, bee stings. If yes, please list below). Carries EpiPen Yes No
Yes	No	Epilepsy/ Seizures
Yes	No	Vision or Hearing Loss (Wears glasses, contacts, hearing aids). Please circle if applicable
Yes	No	Asthma Carries Inhaler Yes No Asthma Action Plan Needed? Yes No
Yes	No	ADD/ADHD, behavioral or emotional problems? Please circle if applicable
Yes	No	Migraines

HAVE ANY OF THESE OCCURRED WITHIN THE PAST 12 MONTHS? Circle Yes or No.

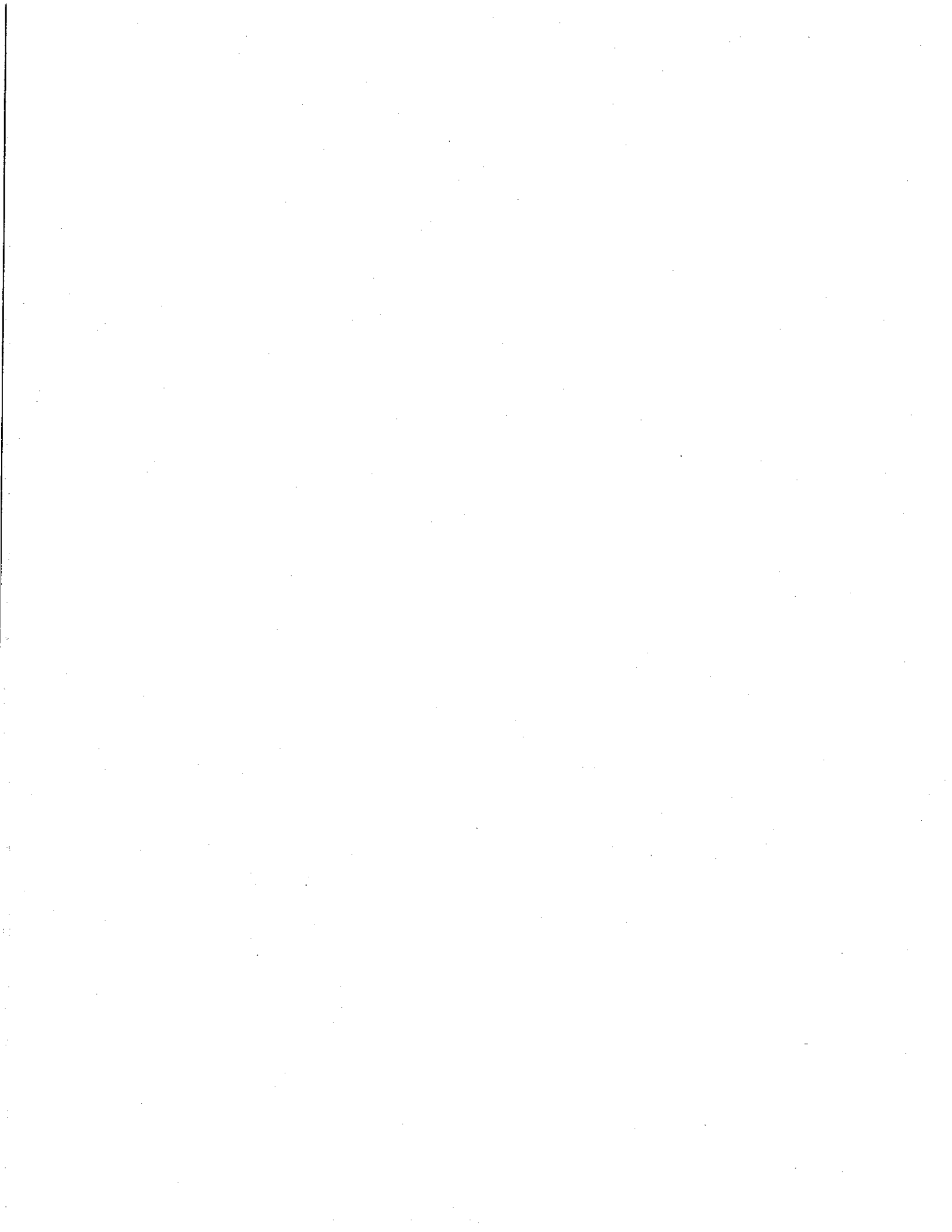
Yes	No	Significant injury (fracture, dislocation, etc.)
Yes	No	Developed a chronic illness?
Yes	No	Head injury (concussion, skull fracture)?
Yes	No	Surgery or hospitalization?

GENERAL INFORMATION: Is this student . . .

Yes	No	Currently under a doctor's care for a condition?
Yes	No	Currently taking medication(s)? (If yes, please list below)
Yes	No	Required to take medication during the school day?
Yes	No	Received immunizations within the past year? (If yes, please provide updated copy)

If you circled Yes to any of the above questions, please explain here:

Parent/Guardian Signature: _____ Date: _____



R.S.U. 18

Belgrade * China * Oakland * Rome * Sidney

Messalonskee Middle School

2019 - 2020

PERMISSION TO ADMINISTER

Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Antacid, Cough drops/ throat lozenges

Messalonskee Middle School now has Acetaminophen, Ibuprofen, Antacid, and cough drops/ throat lozenges. These over the counter medications may only be administered at school with a parent or guardian's written permission. No verbal permissions will be accepted. Parents will be notified if the student develops a pattern of frequent requests.

Parent permission is only good for the current school year. A permission form needs to be completed and returned **EACH** school year.

Student: _____ D.O.B. _____ Grade _____

School personnel have my permission to administer the following:

Acetaminophen (dosage per label instruction) ___YES ___NO

Ibuprofen (dosage per label instruction) ___YES ___NO

Antacid tablets 1 -2 chewable ___YES ___NO

Naproxen Sodium (Aleve) 1 tablet ___YES ___NO

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

Medication Administration Record 2019 - 2020

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Aug																																
Sept																																
Oct																																
Nov																																
Dec																																
Jan																																
Feb																																
Mar																																
Apr																																
May																																
June																																

Person administering medication:

INITIALS *JS* SIGNATURE/TITLE *Joyce Thompson M.S.N. R.N.*

Medication: _____
 Dosage: _____
 Time to administer: _____

KEY

A - Absent	R - Refused
O - No show	F - Field trip
N - No med available	X - No school

Student

D.O.B. ____/____/____

Grade