

Regional School Unit #22 Registration Form (Pre K: Hampden/Newburgh)

Newburgh Pre K Center

2660 Western Ave, Newburgh, Me

Monday-Friday

9:00 - 2:30 (bus pick up 3:15)

The following documents must be submitted to complete this application:

1. A copy of your child's birth certificate

2. A copy of your child's most recent immunization

3. Proof of residency (any piece of mail with your name and physical address on it: license)

Please visit website: http://www.rsu22.us/our-schools/pre-k/ for more Pre K information

**To help us understand transportation needs please complete the following for the Newburgh Pre K *Center:* (children must be 4 year old to ride on a bus)

In order to attend I need transportation I would prefer transportation I do not need transportation

Has the child ever been enrolled in RSU 22 schools? No Yes (If yes, which school and grade(s)):	For School Use: Birth Certificate Certified By:	
	Grade: Teacher:	

Student Information

Last:	First:		Middle:	Suffix:
Gender:	Nickname:			
Date of Birth:	Entry	Grade Level	_ Home Language	
Physical Address:				
Town, State, Zip:				
Mailing Address:				
Town, State, Zip:				
Home Phone:		Email:		
District of Residence:	<u>RSU #22</u> Other:			
Resident Town: (1	157) Frankfort (18	86) Hampden (2	295) Newburgh	(483) Winterport
Country of Residence:_		Country of Citize	enship:	

	In this household, ch	ld lives with (check onl	y one).
Both Parents Father Mother Father and Step parent			
Moth	ner and Step parent	Foster Parent(s) / Gua	ardian(s) Other:
	Relations	hip:	
Relationship:		r Parent / Guardian /? Y N Allowed to	# 1 9 Pick Up at school? Y N (If
	the answer is <u>NO</u> to eithe	er of the above questions	, court documentation is required.)
Last, First:	Email Address:		
Town, State, Zip: _			
Employer:		Work Phone:	
	Information fo	r Parent / Guardian	#2 Diak Lin at ashaal2V N
			Pick Up at school?YN_
	o either of the above quest		. ,
Employer	Emorgonov		
		Contact Information	
(in the event of a studen	t emergency, the following may	pick my student up from scr	nool and make dismissal arrangements)
Contact 1		Relationship	
			Cell
			Cell
			Cell
Medical Informatio	n:		
Medical Conditions:			

Allergies:
Medications:
Does the above student suffer from any physical or emotional handicap that we should know about for his/her safety and well being? Yes No
Specify:
Has your child received Child Development Services (CDS)?YesNo
Is your child presently receiving Special Education (IEP) services?YesNo
Is your child presently receiving Chapter 504 services?YesNo

Guardianship, Custody, Emancipation Documents

If a custodial parent/guardian wishes RSU #22 schools to comply with the provisions of a court order regarding custody, residency, restricted access to a child or school records, a copy of the court order must be attached.

If the student is an emancipated minor, a copy of the court order must be attached.

If there is a Protection of Abuse order in effect, a copy must be attached.

Enrollment Information:

Maine Migrant Education Program Survey

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

1. Have your children moved with you across school district lines in the last 3 years?

Yes No

2. Did you or another person in your home work in agricultural or fishing in the past three (3)

years? Yes No

Maine Military Family Indicator

The information provided on this form is reported for the Military Interstate Compact and Every Student Succeeds Act. No personally identifiable information on this form is provided to the federal government.

____ Active Duty

_____Full-time National Guard

_____Part-time National Guard

____Not Military Connected

Note: If at least one parent serves in active uniformed service of the United States check Active Duty.

Home Language Survey (Please do not leave any questions unanswered.)

What language(s) did your child first speak or understand? ____

What language(s) does your child most easily speak and understand?

What language(s) do those who intereact with your child frequently use with your child?

Immigrant Information

Immigrant US School Entry Date:
Refugee US Arrival Date:
Ethnicity
Is student Hispanic/Latino: Yes No
Check all that apply:
American Indian/Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White
For Pre-K & Kindergarten Enrollments Enter number of days per week your child attended: Daycare

Pre-K/4-Year Old Program Head Start Nursery School Which one?

Signature (mother, father, guardian, foster parent)

Date