

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 | | . , |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| 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