Date of Entry:	
School:	_
Grade Level:	

## RSU NO. 5 - STUDENT REGISTRATION FORM

Code: JFAA-E

This information is for your child's permanent school record. All information will become part of his/her confidential records, accessible to school officials. Please be certain the information is accurate. Thank you. Student's Legal Name: Student's Nickname: Last First Middle Home Phone: Home Address: Town/City Street State/Zip Mailing Address: Street Town/City State/Zip Date of Birth:\_\_\_\_\_\_Place of Birth (City/State):\_\_\_\_\_ Gender: ( ) Male ( ) Female Birth Certificate on File: ( ) Yes ( ) No Is this student receiving Special Services (i.e., Speech, P.T., O.T., Social Worker, Title One)? Ethnicity (optional): Is the student Hispanic or Latino? ( ) Yes ( ) No Race (optional): a. White c. Asian e. Native Hawaiian / Other Pacific Islander b. Black or African American d. American Indian or Alaska Native Student Lives With (circle one): Mother Father Both Mother/Mother Father/Father Father and Stepmother \*\*Legal Guardian Mother and Stepfather \*\*If the student lives with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached. Is the student a Ward of the State? ( ) Yes ( ) No Additional Information: Is there a court order regarding custody or restricting access to your child? ( ) Yes ( ) No. A certified copy of the order must be attached. Parent 1 Parent 2 Name: Home Address: Place of Employment: Occupation: Business Phone: Home Phone:\_\_\_\_\_/ Cell: / Cell: E-Mail Address: Parental Status (circle one) Single Married Divorced Separated Widowed Domestic Partner Legal Guardian's Name: Home Phone: Legal Guardian's Place of Employment & Phone:

Code: JFAA-E

Number of Chi	ldren in Family:	Boys:	Girls:	
Nan	nes of Children:	Birthdates of C	Girls: hildren:	
		<u></u>		
Immunization All students wheevidence of immunization		nted upon registrati required by Maine la	on w to present a certificate of immunization or	
	days of enrolling in school or his/her available only once to each student du	school written assura first attendance in cla aring their school card ician's written statem visable (as defined by	nce that the child will be immunized within sisses, whichever date is earlier. This option seer; or lent each year that immunization against one of law/regulation); or	is
	STUDENT EDUCATION/DISCHT	INAKI RECORDS	S FROM I REVIOUS SCHOOL	
Address and tel Name of Princi Grade Last Atte	ol that student is transferring from:			
Is the student constudent withdra	urrently subject to expulsion or suspension from the school before an expulsion	sion from the school n hearing or suspensi	from which he/she is transferring OR has the on? YesNo	<b>;</b>
or withdrew frountil the Superi applicant is her request all of the School Department	om school before an expulsion hearing intendent has made a determination as the by notified that the RSU No. 5 School estudent's education and disciplinary	or suspension, the stu- to whether to admit the latest period of the school of the school of the prevalent of the prevalent pr	i. If the student has been expelled or suspendent will not be allowed to enroll in RSU Notes that and if so, under what conditions. The student and if so, under what conditions. The student with 20-A M.R.S.A. § 6001-B, shall be be be stransferring from. RSU No. 5 where is transferring from the student has being or suspension.	o. 5 The
	ered conditional until the Superintender		on and disciplinary records, such enrollment ination as to the student's disciplinary status	
I certify that I l School Departm	nent reserves the right to require proof	of residency and that	ified above. I understand that the RSU No. 5 I have the burden of proof regarding resident tention of the RSU No. 5 School Department	ıcy.
Date:	Signature:			
	Print Name:			
	Page 2 of 2 – Form is n			

Administrative Procedure Approved: 4/3/12; Revised: 11/12/18; Revised 9/14/21

Form Color: Green