Welcome to Pownal Elementary School
587 Elmwood Road
Pownal, Maine 04069
(207)688-4832

Lisa Demick, principal
demickl@rsu5.org

Registration Checklist

Please provide the following information to register your student:

- Original Birth Certificate
- Proof of Residency
- Immunization Records
- Emergency Card (to be filled out at the school)

Please complete the following forms and return to Pownal Elementary School:

- Student Registration Form
- Student Health History
- Physical Form
- Medication Administration Form (if applicable)
- Health Requirement Form
- Immunization Exemption Form
- Military Identifier Form
- Home Language Survey
- Maine Migrant Survey
- Transportation Form
- Transfer of Student Records Form (if transferring from another school)
- School Messenger & Email Notifications
- Consent to Publish Form

Please submit your packet to the front office and welcome aboard!
RSU NO. 5 - STUDENT REGISTRATION FORM

Date of Entry: ___________________________ Program: ___________________________
Grade Level: ___________________________ Room: ___________________________

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 Address:__________________________________ Home Phone:_________________________
                           Street                        Town/City                      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

Ethnicity (optional): Is the student Hispanic or Latino? ( ) Yes ( ) No

Race (optional):
a. White                             c. Asian
b. Black or African American         d. American Indian or Alaska Native
e. Native Hawaiian or Other Pacific Islander

Student Lives With (circle one):  Mother    Father    Both **Legal Guardian    Mother and Stepfather
Father and Stepmother    Mother/Mother    Father/Father

Additional Information:________________________________

Is the student a Ward of the State? ( ) Yes ( ) No
*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 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
Name:________________________________________
Home Address:________________________________
Place of Employment:___________________________
Occupation:____________________________________
Business Phone:___________________________
Home Phone:__________________________________
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:__________________________________

Number of Children in Family:_________________________ Boys:________ Girls:________
Names of Children:________________________________ Birthdates of Children:_________________________

Page 1 of 2 - Form is not complete until both pages are filled in.
Was this student receiving Special Services (i.e., Speech, P.T., O.T., Social Worker, Title One)?

Immunization Records – Records need to be presented upon registration

All students who enroll in the RSU No. 5 School Department schools are required by Maine law to present a certificate of immunization or evidence of immunization or immunity against poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, measles, varicella, mumps and rubella.

Pre-Kindergarten students must have a certificate of immunization or evidence of immunization against IPV, MMR, Varicella, and polio.

Non-immunized students shall not be permitted to attend school unless one of the following conditions are met:

( ) The parents/guardians provide to the school written assurance that the child will be immunized within 90 days of enrolling in school or his/her first attendance in classes, whichever date is earlier. This option is available only once to each student during their school career; or

( ) The parents/guardians provide a physician’s written statement each year that immunization against one or more diseases may be medically inadvisable (as defined by law/regulation); or

( ) The parents/guardians state in writing each year that immunization is contrary to their sincere religious or philosophical beliefs.

STUDENT EDUCATION/DISCIPLINARY RECORDS FROM PREVIOUS SCHOOL

Name of School that student is transferring from:__________________________________________

Address and telephone number:_________________________________________________________

Name of Principal:_________________________________________________________________

Grade Last Attended:_________________________________________________________________

Reason for Transfer:_________________________________________________________________

Is the student currently subject to expulsion or suspension from the school from which he/she is transferring OR has the student withdrawn from the school before an expulsion hearing or suspension? Yes_____No____

If the answer is yes, 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 RSU No. 5 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 RSU No. 5 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. RSU No. 5 School Department 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 RSU No. 5 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.

Parent/Guardian Certification of Residency
I certify that I live with the student named above at the home address identified above. I understand that the RSU No. 5 School Department reserves the right to require proof of residency and that I have the burden of proof regarding residency. If this residency information changes, I agree to bring it to the immediate attention of the RSU No. 5 School Department.

Date:____________ Signature:___________________________________________________________

Print Name:___________________________________________________________

Page 2 of 2 – Form is not complete until both pages are filled in.

JFAA-R Administrative Procedure Approved: 4/3/12
Form Color: Green
RSU No 5 Durham - Freeport - Pownal
STUDENT HEALTH HISTORY
To be completed annually by Parent/Guardian

Student Name: __________________________ Date of Birth: ___________ Grade: ________

Please check any EMERGENCY Health Conditions that your child has:
Asthma _______ Diabetes _______ Seizures _______ Heart Condition _______ Other _______

Specify if your child has a LIFE-THREATENING ALLERGY to:
Foods _______ Medications _______ Stings _______ Other _______

An Individual Action/Management Plan must be signed by the PCP each school year for any of these conditions.
*These potentially life-threatening / emergency conditions will be included on a Medical Alert List*

MEDICATIONS taken at home (name of medication, dose & frequency):
_____________________________________________________________________________________________________________________________________________________________________________________________________________________________

Describe any other Health Conditions below: symptoms, treatment, frequency, and child's age/date that it occurred.
These conditions will be included in your child's school health record.

Allergies (non-life-threatening) or Sensitivities:_____________________________________________________________________________________________________________________
Behavioral/Social-Emotional/Mental Health Problems:________________________________________Diagnosed ADD/ADHD: ___________
Bones/Joints/Muscle Coordination: ________________________________________________Scoliosis: ________ Treatment: ___________
Bowel/Digestive/Stomach Problems: ________________________________________________________________
Bronchitis/Chronic Cough/Pneumonia/Wheezing: ___________________________________________________
Ear/Hearing Problems: ____________________________________Tubes in Ears: ___________ Hearing Aid(s): R____ L____
Eye/Vision Problems: ___________________________________________Glasses: ________ Contacts: ________
Head Aches/Migraines/Dizzy Spells/Fainting: ________________________________________________________
Menstrual Issues: _____________________________________________________________________________
Nutrition/Special Dietary Needs: ___________________________________________________________________
Skin Problems: _______________________________________________________________________________
Speech Problems: ______________________________________________________________________________
Teeth: Condition? ___________________________ Last Dental Exam: ___________
Other Health Concerns: _________________________________________________________________________

Has your child had: Chicken Pox Disease? ____________________________ Pertussis (Whooping Cough)? ________
Does your child use: Crutches _______ Wheelchair _______ Braces (Arms/Legs) R____ L____ Other: _______
Accidents/Hospitalizations/Surgery: ____________________________________________________________________________

Does your child have Health Insurance? Yes _____ No _____ Insured under MaineCare? Yes _____ No _____
If you or your child needs assistance with Health Insurance: CALL 1-800-965-7476 or www.maine.cahec.org
Do you need help to find Dental Care for your child? Yes _____ No ______

Physician: ___________________________ Phone/Fax: ___________________________ 
Dentist: ___________________________ Phone/Fax: ___________________________
Eye care: ___________________________ Phone/Fax: ___________________________
Other Specialists, Counselors, etc. ________________________________________________

♦ I give permission for Release of Information on this form for confidential use to meet my child's education and health
  needs in school. Medical Alert information will be provided to appropriate school personnel responsible for my child
during the school day.
♦ I authorize exchange of information with my child's physician for required school Physical Examination and
  Immunization Records. I understand that when there is this exchange of information, I will be notified.
♦ I recognize that school personnel will take the appropriate steps in a medical situation, including calling Rescue 911.

Parent/Guardian Signature: ___________________________ Date: ___________
Parent/Guardian Print Name: ____________________________
Contact information: Home: ___________________________ Work: __________________ Cell: ___________________
RSU No. 5 Durham - Freeport - Pownal
STUDENT PHYSICAL EXAM
For Students Entering Preschool K 3rd 6th 9th & all Transfer Students
To the Health Care Provider: Please Complete and Sign
(Physician, Osteopath, Nurse Practitioner, Certified Nurse-Midwife of Physician Assistant)

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>DOB</th>
<th>GRADE</th>
</tr>
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</table>

IMMUNIZATIONS
Please attach a complete Immunization Record. Is this student’s record in ImmPact? □ Yes □ No
Student has a documented history of chickenpox disease? □ No □ Yes _________
Last Tetanus? _________

<table>
<thead>
<tr>
<th>Medical Exemption: This student has not received immunizations for medical reasons. (Specify immunizations)</th>
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<tbody>
<tr>
<td>□ Permanent □ Temporary (Specify plan for immunization)</td>
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<thead>
<tr>
<th>MEDICATION at Home</th>
<th>MEDICATION at School</th>
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<tbody>
<tr>
<td>This student is on long-term medication □ Yes □ No</td>
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<tr>
<td>Please specify:</td>
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<tr>
<th>Medication</th>
<th>Dose</th>
<th>Time</th>
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HEALTH NEEDS IN SCHOOL
This student has the following problems, which may adversely affect his/her education experience (explain below):

□ Cardiac □ Chronic Disease □ Physical Dysfunction □ Hearing □ Vision
□ Behavioral/Social/Emotional/Mental □ Speech/Language

□ ALLERGIES: ________

EMERGENCY CONDITIONS [PLEASE attach an ACTION PLAN for the following conditions]:

□ Anaphylaxis (Food / Sting Allergy) Plan □ Asthma Plan □ Diabetes Plan □ Seizure Plan □ Other

Comments and recommendations (additional information about any of the above conditions / assessments):

□ This student may participate fully in the school program, including physical education, activities, sports, and co-curricular activities.
□ This student may participate in the school program with the following restriction/adaptation (specify reason and restriction):

□ Yes □ No I would like to discuss information in this report with the school nurse.

Student’s most recent PHYSICAL EXAM was done on: _____ / _____ / _____ (Date)

Signature of Health Care Provider Name/Group Practice (Please Print) Phone Date

3/2016 bmw/plc
RSU No 5 Durham-Freeport-Pownal
Medication Request/Permission Form

MEDICATION MUST BE BROUGHT TO SCHOOL IN THE ORIGINAL CONTAINER BY PARENT/GUARDIAN
(pharmacy will provide an extra labeled container if needed)
No Medications (over-the-counter or prescribed) will be administered without this information.

Student Name: __________________ DOB: ________ School: ________ Grade: ________
Name of Medication: __________________ Reason: __________________
Type of Medication:
☐ Tablet / Capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other

Instructions during the School Day:
Dose: __________________ Time: __________________ Frequency: __________________
☐ For Episodic / Emergency events only: __________________

Start Date: ☐ When form is received ☐ Other: ________ Stop Date: ☐ End of school year ☐ Other: ________

Important Side Effects or Restrictions: ☐ None ☐ Yes, Please describe: __________________

Special instructions: __________________

Special storage requirements: ☐ None ☐ Refrigerate ☐ Other: __________________

The administration of this medication during the school day is necessary for the student’s health and attendance. It is recommended that the first dose of a newly prescribed medication be given at home. This student has the knowledge and skill to carry and self-administer this medication if allowed by school policy.

☐ Yes ☐ No

Physician’s Printed Name: __________________
Physician’s Signature: __________________
Phone Number: __________________ Fax: __________________

I request and give permission for the school nurse or other unlicensed trained school personnel to administer the above medication to my child. The school may refuse any and all requests not in compliance with the school policy JLCD. Information regarding this medication may be shared with the appropriate school personnel.

NOTE: Any changes to the information above shall require a new Request / Permission Form.

Permission to Contact Prescribing Physician: I understand and agree that if the school nurse has questions regarding the physician’s order, I give my permission for the school to contact my child’s physician and obtain additional information about the medication, administration schedule, and the effects of the medication on my child’s learning. I consent to the physician providing that information.

Medication Removal: I understand that I must pick up any medication no longer required or remaining at the end of the school year or it will be appropriately discarded.

My child may carry and self-administer this medication if allowed by school policy.

☐ Yes ☐ No

Parent /Legal Guardian’s Signature: __________________ Date: ________

Home Phone: __________________ Work: __________________ Cell: __________________

To be completed by School Nurse
This student demonstrates the knowledge and skill to carry & self-administer this medication.
☐ Yes ☐ No

School Nurse Signature: __________________ Date: ________
HEALTH REQUIREMENTS

[This form is required to be signed with registrations for all Kindergarten & Transfer students]

Name of Student_________________________ Entering Grade_____

Upon enrollment you must bring a physician’s copy of the student’s current IMMUNIZATION RECORD with documentation of vaccine dates.

# Doses IMMUNIZATIONS REQUIRED
5 DPT (4 if the 4th dose is given after the 4th birthday)
1 Tdap Booster (for students entering 7th Grade)
4 OPV (3 if the 3rd dose is given after the 4th birthday)
2 MMR (the 1st dose is given on or after the 1st birthday)
1 CHICKEN POX (vaccine date, disease date, or blood test result)

Maine Law states that a student who does not meet these requirements may not attend school until the parent/guardian provides a signed EXEMPTION Form (which must be signed annually) with one of the following:

- A physician’s written statement that immunization may be medically inadvisable.
- A parent/guardian written statement of opposition to immunization because of philosophical reasons or sincere religious beliefs.

School policy also requires the parent/guardian to provide:

- A HEALTHY HISTORY Form for all students annually Pre-School-Gr 12
- A PHYSICAL EXAM Form completed by the student’s physician for students entering Pre-School, Kindergarten, 3rd, 6th, & 9th Grades, and all Transfer Students

I understand that within 90 calendar days from the day of enrollment (officially registering), I must provide the school with documentation of completed health requirements or my child will be excluded from school until the requirements are met.

_________________________ _______________________
Signature of Parent / Guardian Date

3/8/17 lls/bmw/plc
RSU No. 5
Durham - Freeport - Pownal

IMMUNIZATION EXEMPTION FORM

Student's Name  School  Grade  Date of Birth

Maine law requires a physician note for a Medical Exemption; or a parent's written statement of their sincere Religious or Philosophical opposition to immunization. A signature alone is not valid. It is the responsibility of parents to complete and submit this form annually.

I am requesting a waiver for the following immunizations:
All Required Immunizations: ☐
Or Specific Immunizations: ☐ DTAP  ☐ I/OPV  ☐ MMR  ☐ CHICKEN POX

I am requesting a waiver for the following reason:
Medical* ☐
Sincere Religious Belief** ☐
Philosophical Reason*** ☐

*Medical waivers must be accompanied by a signed note from the student's physician.

**My explanation for requesting this Religious or Philosophical waiver is as follows:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I understand that my child may be excluded from school and school activities if there is an outbreak of a disease for which he or she is not immunized. He/She will be excluded for a specified period of time from the beginning of the outbreak to a short time after the last case, depending on the disease. I also understand that if my child is excluded from school, the school is not required to provide off-site classes or tutoring. The school may make reasonable accommodations to assist my child in keeping up with class work.

Date  Signature of Parent or Guardian

This form must be returned to the SCHOOL NURSE at the beginning of each school-year!

9/2015 bmw
RSU 5

Military Identifier Form

The military identification form is critical in helping us identify who our military children are in a state that has a long and proud tradition of military service. With this identifier, supports can be instituted for our military students in a proactive manner. Particularly in cases of Maine’s Guard and Reserve members, deployments may go unrecognized in our classrooms across the state because of the primarily civilian roles of the service members, and because members of the Maine’s Guard and Reserve units often reside in communities that are distant from where they drill. All of our military families need support and the military identifier will be helpful in allowing us to recognize all service-connected families, in all branches of military service, including active duty and Guard & Reserve units.

Are one or both of this student’s parents on full-time duty status in the active uniformed service of the United States (including members of the National Guard and Reserve on active duty orders), or within one year of medical discharge or retirement from those uniformed services? Parent is not required to provide this information.

Yes_______  No_______

Student Name:_________________________  Grade: ________
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 student’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,

Nancy Mullins
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 those who interact with your child frequently (daily or at least several times per week) use with your child?

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 one or both of the questions below is answered affirmatively by a teacher.

1. Have you observed the student use a language other than English? ______________________

2. Has the student indicated to you that he/she uses a language other than English? ____________

Teacher Signature: ___________________________  Date: _________________________

PLACE THE ORIGINAL OF THIS COMPLETED DOCUMENT IN THE STUDENT’S PERMANENT RECORD FOLDER
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:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Grade</th>
<th>Date of Birth</th>
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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](http://maine.gov/doe/migrant/forms/index.html)
Transportation Form

Dear PES families,

Dismissal is an important part of our day at PES. To make dismissal run as smoothly as possible, it is important for us to know how your child will be getting to and from school each day. Please fill out the following form and return it to your child's teacher. Please note that unless otherwise communicated, this is the schedule that will be followed.

Child's name: __________________________ Name of Child care: __________________________
Address: __________________________ Address: __________________________
Phone #: __________________________ Phone #: __________________________

Teacher's Name: __________________________

<table>
<thead>
<tr>
<th>Morning Drop-Off Routine</th>
<th>Name of Bus Driver or Parent Drop Off</th>
<th>Where is your child coming from (home, childcare, grandparent, etc...)</th>
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<td>Friday</td>
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</table>

<table>
<thead>
<tr>
<th>Afternoon Dismissal Routine</th>
<th>Name of Bus Driver or Parent Pick Up</th>
<th>Where is your child going to (home, childcare, grandparent, etc...)</th>
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<tbody>
<tr>
<td>Monday</td>
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</table>
RSU5

Pownal Elementary School
587 Elmwood Road
Freeport, Maine 04032
Ph. (207) 688-4832
Fax (207) 688-4872

Transfer of Student Records

This is to certify that I, _______________________________________, the parent/legal guardian of the child/children listed below, do hereby request that the educational, special education and health records of the below listed child/children be transferred to:

Pownal Elementary School
587 Elmwood Road
Pownal, ME 04069

Parent/legal guardian privileges and obligations under the Family Educational Rights and Privacy Act are:

1. Notification of the transfer
2. If desired, a copy of the records may be obtained with the cost of copying provided by parent/legal guardian.
3. An opportunity for a hearing to challenge the content of the records be provided.

I have been informed and understand my rights regarding the transfer of pupil records.

____________________________________________  ____________________________
Signature of Parent/Legal Guardian                  Date

Child’s Name                                      Grade

____________________________________________  
____________________________________________  
____________________________________________  


RSU5
SCHOOL MESSENGER AND E-MAIL NOTIFICATIONS

2018-2019 School Year

Dear Parents:

RSU5 has a phone notification system called School Messenger. The system will send out notifications to parents via the telephone regarding important school information. The information that might be sent out through the School Messenger system includes, but is not limited to the following:

- School Closings
- Emergency situations
- School activity updates/reminders
- School Board information

_____ I request that my phone number NOT be accessed by the School Messenger system

_____ I request that my phone number be accessed by the School Messenger system. The phone numbers used will be the phone numbers provided to the school on the student demographics card

Parent Name:__________________________________________

Student Name:__________________________________________

E-MAIL NOTIFICATIONS

RSU5 also has an e-mail notification system to send parents information regarding the schools through e-mail (newsletters, PTC information, School Board information, etc.). We have found this to be an effective way to communicate with parents. We do not release this list to outside groups and only information related to RSU5 is sent out.

If you would like to receive notices, you can sign up for the e-mail notification system by visiting the following link:  http://rsu5.org/content2/378

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE
WITHIN ONE WEEK
2018-2019 School Year

Dear Parents/Guardians:

**Directory Information**
During the school year there are groups who support school activities like the parent/teacher organizations, boosters for various sports and activities who request Directory Information from us. These groups are directly associated with the school and any information given to them is not shared with anyone else. RSU No. 5 designates the following student information as directory information: name, participation and grade level of students in recognized activities and sports, height and weight of student athletes, dates of attendance in the school unit, and honors and awards received. While directory information can be released without written permission, it has been our custom to honor your wishes regarding this issue. RSU5 may disclose directory information if we have not received timely written notice refusing permission to designate such information as directory information.

Student Name: ___________________________________________ Grade: ___________

_____ I request that the school NOT release my child’s information of any kind, including “directory information”

Signature of Parent/Guardian: ______________________________ Date: _____________

**Information on the Internet**
There are also activities such as music presentations, plays, etc. that are photographed or video taped and played over the local cable access channel or other television stations. Photos and student names are sometimes released to the press, such as the honor roll, and/or displayed on teacher’s classroom and school websites.

Student Name: ___________________________________________ Grade: ___________

_____ I request that the school NOT release my child’s information on the internet or television.

_____ My child’s information may be released on the internet or television

Signature of Parent/Guardian: ______________________________ Date: _____________

Administrative Procedure Adopted 3/16/10
Administrative Procedure Revised: 1/17/12; 10/2/12