

Student Registration / Emergency Form

Office	Start Date	
Use	Maine State I.D.	

Please correct/complete this form and return it to the school listed above

STUDENT INFORMATION:						
Last Name	First Name	Middle Name	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Is the student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the student from one or more of these races? (Choose at least one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			Home Language	
Grade	Teacher/HRM#	TRANSFER STUDENTS: List previous school, city & state				

PRIMARY PARENT/GUARDIAN HOME ADDRESS: Students may only have one Primary Residence which represents where they live most of the time. If custody is equally shared between two residences, priority should be given to a residence with a physical address inside the school district.

Physical Address: The Physical Address of the Primary Household determines a student's district residency. It cannot be a PO Box.

Number	Street	Tag	Apt#	Town	State	Zip	Home Phone
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Mailing Address: Only include a mailing address if the address is a P.O. Box or is different from the physical address.

Post Office Box? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number	Street	Tag	Apt#	Town	State	Zip
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PRIMARY HOME MEMBERS: In the case of an emergency, only those marked "OK to pick up student" will be contacted.

Parent/Guardian in Home: Order by emergency contact priority. Include **LEGAL** guardians only.

Name	OK to pick up student?	Relationship	Work Phone	Cell Phone	Email
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Other Members/Children in Primary Home: Order by emergency contact priority. If sibling provide date of birth.

Name	OK to pick up student?	Relationship	Work Phone	Cell Phone	Date of Birth (if sibling)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

SECONDARY HOME ADDRESS/MEMBER INFORMATION

Send mailings only

Student lives part time during school year

SECONDARY PARENT/GUARDIAN HOME ADDRESS: 2nd Parent/Guardian

Physical Address: Cannot be a Post Office Box.

Number	Street	Tag	Apt#	Town	State	Zip	Home Phone
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Mailing Address: Only include a mailing address if the address is a P.O. Box or is different from the physical address.

Post Office Box? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number	Street	Tag	Apt#	Town	State	Zip
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SECONDARY HOME MEMBERS: In the case of an emergency, only those marked "OK to pick up student" will be contacted.

Parent/Guardian in Home: Order by emergency contact priority. Include **LEGAL** guardians only.

Name	OK to pick up student?	Relationship	Work Phone	Cell Phone	Email
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Other Members/Children in Secondary Home: Order by emergency contact priority. If sibling provide date of birth.

Name	OK to pick up student?	Relationship	Work Phone	Cell Phone	Date of Birth (if sibling)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

NON-RESIDENCE LOCAL EMERGENCY CONTACTS: Include additional emergency contacts.

Name	OK to pick up student? <input type="checkbox"/>	Relationship	Work Phone	Cell Phone	Home Phone
Daytime Address:					
Name	OK to pick up student? <input type="checkbox"/>	Relationship	Work Phone	Cell Phone	Home Phone
Daytime Address:					

DAYTIME EMERGENCY / EARLY RELEASE LOCATION: In the case of an emergency, your child may be released from school early. Please provide an alternate location (and contact person) only if the student should NOT go to their regular end-of-day location.

Early Release Location <input type="checkbox"/> Regular <input type="checkbox"/> Alternate	Contact at Alternate Location: (Contact Person or Day Care etc.)	Cell Phone	Work Phone				
Physical Address of Alternate Location:							
Number	Street	Tag	Apt#	Town	State	Zip	Phone

HEALTH AND COMMUNITY CONTACTS: Provide additional contact information where applicable.

Physician	Work Phone	Dentist	Work Phone
Hospital <input type="checkbox"/> Bridgton, ME	Phone Number	DHHS Caseworker	Work Phone
<input type="checkbox"/> North Conway, NH	Phone Number	Guardian Ad Litem	Work Phone

PERMISSION: To withhold parental permission for any of the following, mark the "No" checkbox beside the appropriate question(s).

Use of Technology:

Is this student permitted to use school computers? (Computer User)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this student permitted to have a district email account? (First Class Account)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this student permitted to use the internet on school computers? (Web Access)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Use of Student Images:

Do we have your permission to publish pictures of this student in newspapers & newsletters? (Photo Use)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do we have your permission to publish pictures/videos of this student on District web pages? (Web Photo Use)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

TRANSPORTATION: Indicate the bus driver's name for the bus in (to school) & the bus out (from school) or check the box for pick-up and/or drop-off.

BUS IN (to school)	Parent/Guardian Drop Off <input type="checkbox"/>	BUS OUT (from school)	Parent/Guardian Pick Up <input type="checkbox"/>
Day Care Provider	Phone Number	Day Care Location	

ADDITIONAL ENROLLMENT INFORMATION:

District Residency:

Is student an MSAD #72 Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	For NON-Residents, indicate funding source: (Superintendent Agreement, Paid by other District etc.)
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Immigrant Status: A student is an immigrant if they were NOT born in the United States AND have less than 3 years of US education since entering a US school.

Is this student an Immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered US School: (Immigrants only)	Birth Country: (optional)
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LEGAL DOCUMENTATION:

If the student lives in the MSAD NO. 72 District with a legal guardian who is not a parent, then a cetrified copy of the court order appointing the guardian must be submitted. Court documents are also required for name changes and special custody situations.

PARENT/GUARDIAN CERTIFICATION:

I certify that I am a Legal Guardian of this student, and that the information included on this form is accurate to the best of my knowledge

* _____ / /
 Parent/Guardian Signature Printed Name Date