

OFFICE USE:

Cum Card _____
Attend. Card _____
Emergency Card _____
Birth Certificate _____
Health Record _____

BRUNSWICK SCHOOL DEPARTMENT

35 Union Street
Brunswick, Maine 04011
(207) 319-1900

REGISTRATION FORM

OFFICE USE:

Proof of Immunization _____
Records Requested (Date) _____
Homeroom _____
Bus Garage _____
Computer _____
Date entered _____

School Name _____

Student Information:

First Name _____
Middle Name _____
Last Name _____
Nickname _____

Gender: M F Phone # _____

Birth Date _____

Place of Birth (City & State) _____

Grade _____ Year of Graduation _____ State Ward? ___ yes ___ no

Parent/Guardian Names (Title & Names to be used for mailing): _____ State Agency Client? ___ yes ___ no

and Street: _____

Town and Zip (if not Brunswick) _____

Ever enrolled in Brunswick School(s)? ___ If yes, school _____ Grade _____

Survey Information:

Home Language (Circle One): English French Spanish Other _____

Ethnic Category (Circle One): American Indian Hispanic Asian Black
White Other _____

Has your child ever received any special services? (Please check all received) Medicaid eligible _____
Chapter 1 Reading _____ Chapter I Math _____ Counseling _____ Resource Room (*I.E.P.) _____
O.T. _____ P.T. _____ Speech _____ Special Placement _____
504 Plan _____ Other _____ Explain _____

*Do you have a copy of your child's Individualized Education Program? Yes ___ No ___

Was any Special Education assessment ever done? If yes, when and where? _____

Gifted Program _____ What areas _____

Accelerated Classes _____ What subjects _____

FAMILY INFORMATION

FATHER/GUARDIAN (Circle One) _____
(First Name) (Last Name)

Occupation: _____ Work Phone # _____

MOTHER/GUARDIAN (Circle One) _____
(First Name) (Last Name)

Occupation _____ Work Phone # _____

Marital status: Married ___ Single ___ Divorced ___ Separated ___ Remarried ___ Other _____

Names and ages of others living at home _____

With whom does the child reside? _____

If child does not reside with both natural parents, please indicate who has custody:

(Name) (Relationship) (Address)

Copy of court documents on file _____

Military: Yes ___ No ___ Branch: _____

Child Care provider name: _____ Phone: _____

Address: _____

Student Education/Disciplinary Records from Previous School

Name of school that student is transferring from: _____

Address: _____
(Street) (City) (Zip)

Phone: _____

Name of Principal: _____

Student's current grade level: _____

Reason for transfer: _____

Has the student been expelled from the school from which he/she is transferring? Yes No

Has the student been suspended from the school from which he/she is transferring? Yes No

Did the student withdraw from the school before an expulsion hearing? Yes No

Did the student withdraw from school before a suspension? Yes No

If the answer is yes, please attach a written statement of the circumstances.

Has the student ever been expelled from a private/public school? Yes No

If the answer is yes, where _____ when _____

Maine State ID # (if applicable) _____

The applicant is hereby notified that the Brunswick 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. The Brunswick School Department may also request an oral and/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. During this period, the student may or may not be enrolled. If the student is allowed to enroll in the Brunswick schools 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 on this form at the street address listed on this form. I understand that the Brunswick 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 Brunswick School Department.

Date: _____ Signature: _____

Print Name: _____

Birth Certificate on First Enrollment

Public Law 962 (ref. Title 20-A Section 6002) (Brunswick School Board, File: JF) requires that every child who enrolls as a pupil for the first time in any school in the State, shall present within 60 days of such enrollment an official record of his/her birth. The STATE REGISTRAR OF VITAL STATISTICS shall, upon request of parent or guardian of such children, furnish copies of such records as may be on file at his office.

If you do not have a birth certificate with you today, please read and sign the following:

I understand that within 60 days of enrollment in school, I shall present an official record of birth.

_____ Date

_____ Parent/Guardian

(Please note that hospital certificates are not official records of birth. Birth certificates can be obtained from municipal offices in the city of birth.)