

# Brunswick School Department Registration Form

Coffin  Harriet Beecher Stowe  BJHS  BHS

Today's Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Start Code: \_\_\_\_\_

Bus: \_\_\_\_\_ Homeroom \_\_\_\_\_

Maine State ID # \_\_\_\_\_

Day Care: \_\_\_\_\_

Student's **Full Legal Name** \_\_\_\_\_  
LAST FIRST FULL MIDDLE

Gender:  Male  Female Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

City/State of Birth \_\_\_\_\_

Ethnicity: Is the student Hispanic / Latino?  Yes or  No

Is the student from one or more of these races? (check all that apply – you must select at least one)

White  African American / Black  Asian  Native Hawaiian / Pacific Islander  American Indian/Native Alaska

## Previous School Information

Has the student previously attended any Brunswick School(s)?  Yes  No

School Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Last school attended outside of Brunswick District?

School Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

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

If yes, where? \_\_\_\_\_ when? \_\_\_\_\_

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.

**Special Services Information**

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Does your child receive Special Education Services?  Yes  No Handicapping Condition \_\_\_\_\_  
Contact person at previous school \_\_\_\_\_ phone \_\_\_\_\_

Does your child have a 504 Plan?  Yes  No If yes, please indicate if related to:  Academics  Health

Was your child in any Gifted & Talented programs?  Yes  No

**Student lives with (Please Check ONE box)**

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- Both parents in single household  Mother only  Father only  Mother/Stepfather
- Father/Stepmother  Foster Parents  Relative (please be specific) \_\_\_\_\_
- Other (please be specific) \_\_\_\_\_
- Shared Custody (please be specific) \_\_\_\_\_

**Parent / Guardian 1 living with student**

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Emergency Contact #  1  2  3  4  5  6 (check only one)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Legal Guardian  Yes  No

Physical Resident Address \_\_\_\_\_ Apt/Bldg \_\_\_\_\_ Town \_\_\_\_\_ Zipcode \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home telephone \_\_\_\_\_ Work Phone \_\_\_\_\_

If a Land Line is not in service, the cell phone for contact #1 will be used as the main household phone number.

Occupation \_\_\_\_\_

Email address \_\_\_\_\_

I prefer to get school bulletins, newsletters, etc. electronically through email

**Parent / Guardian 2 living with student**

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Emergency Contact #  1  2  3  4  5  6 (check only one)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Legal Guardian  Yes  No

Physical Resident Address \_\_\_\_\_ Apt/Bldg \_\_\_\_\_ Town \_\_\_\_\_ Zipcode \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home telephone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Email address \_\_\_\_\_

**Parent / Guardian not living with student** \_\_\_\_\_ will receive mailing  Yes  No

Emergency Contact #  1  2  3  4  5  6 (check only one)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Legal Guardian  Yes  No

Physical Resident Address \_\_\_\_\_ Apt/Bldg \_\_\_\_\_ Town \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home telephone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Email address \_\_\_\_\_

I prefer to get school bulletins, newsletters, etc. electronically through email

**Other Student Emergency Contact Information**

Emergency Contact #  1  2  3  4  5  6 (check only one)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Legal Guardian  Yes  No

Physical Resident Address \_\_\_\_\_ Apt/Bldg \_\_\_\_\_ Town \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home telephone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Other Student Emergency Contact Information**

Emergency Contact #  1  2  3  4  5  6 (check only one)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Legal Guardian  Yes  No

Physical Resident Address \_\_\_\_\_ Apt/Bldg \_\_\_\_\_ Town \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home telephone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Please check if either parent/guardian is on**

Full-time active duty military status or  civilian employed on federal property?

Siblings' Names	_____	Age: _____	School: _____
	_____	Age: _____	School: _____
	_____	Age: _____	School: _____

**PLEASE CHECK IF ANY APPLY**

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The student lives with a legal guardian who is not a parent. A certified copy of the court order appointing the guardian is attached to this registration form.

There is a court-ordered restriction(s) regarding your child. A certified copy of the court order restriction(s) is attached to this registration form.

Court order # 1 states: \_\_\_\_\_

Is the student a State Agency Client / Ward of the State?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the student registering as a tuition student?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the student registering as a Superintendents' Agreement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the student registering as a Foreign Exchange student?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Doctor / Primary Medical Care Provider**

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Doctor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Medical Alerts (Asthma, Allergies, etc)**

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Medical Alert: \_\_\_\_\_

**In an emergency situation and immediate medical care is indicated, the school will call 911. The student will be transported to the hospital. Parents/legal guardians will be notified.**

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**IMMUNIZATIONS OF STUDENTS**

Students entering Brunswick schools must have written proof of completed immunizations as required prior to school enrollment. It is the responsibility of the parents to produce this proof of immunization.

A copy of the student's immunization record is attached to this registration form.

**BIRTH CERTIFICATE**

Please provide a copy of your child's state-issued birth certificate.

A copy of the student's birth certificate is attached to this registration form.

**PARENT/GUARDIAN CERTIFICATION OF RESIDENCY**

A copy of a utility bill is attached to this registration form.

I certify that I live with the student named above at the street address listed. I understand that 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 my child's school.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PRINT NAME \_\_\_\_\_