

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

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)

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

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

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

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? YES NO
Is the student registering as a tuition student? YES NO
Is the student registering as a Superintendents' Agreement? YES NO
Is the student registering as a Foreign Exchange student? YES NO

Medical Alerts (Asthma, Allergies, etc)

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** _____