

PENOBSCOT COMMUNITY SCHOOL  
New Student Enrollment Form

The following information and certifications are required before a student will be admitted to the Penobscot Community School:

Student's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Race: White \_\_\_\_\_ Black \_\_\_\_\_ Oriental \_\_\_\_\_ Am Indian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Town of Residence: \_\_\_\_\_ Home Phone \_\_\_\_\_

Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Other \_\_\_\_\_ If other, please explain \_\_\_\_\_

Child care name/ address if applicable: \_\_\_\_\_

Mother's name \_\_\_\_\_ H Phone \_\_\_\_\_ C Phone \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment \_\_\_\_\_ W Phone \_\_\_\_\_

Father's name \_\_\_\_\_ H Phone \_\_\_\_\_ C Phone \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment \_\_\_\_\_ W Phone \_\_\_\_\_

In case of an accident or serious illness, and neither parent is able to be reached, do you authorize the school to call the student's physician or dentist and follow his/her instructions? If it is not possible to contact your child's physician, do you give the school permission to make whatever arrangements seem necessary? \_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_  
Parent's Signature

If it were necessary to call the student's doctor or dentist, please provide the following:

Doctor's name \_\_\_\_\_ Phone no. \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone no. \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

\_\_\_\_ Check if student does not have insurance

Are there any special problems/circumstances the school should be aware of? (if so please explain) \_\_\_\_\_

If student is transferring from a different school, please provide the following:

Name of previous school \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

Is student currently subject to expulsion or suspension from the school which he/she is transferring OR has student withdrawn from school before an expulsion hearing or suspension? Yes \_\_\_\_\_ No \_\_\_\_\_  
If answer is yes, please attach a written statement of circumstances

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Please check any special programming your child was involved with:

Special Education \_\_\_\_\_ Gifted and Talented \_\_\_\_\_ 504 Disability \_\_\_\_\_ Title I Reading \_\_\_\_\_ Title I Math \_\_\_\_\_

Migrant Ed Program \_\_\_\_\_ CDS \_\_\_\_\_ Other \_\_\_\_\_

Grades K – 2 Only:

Is your child independent in the bathroom: Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

Has your child attended: Daycare \_\_\_\_\_ Nursery School \_\_\_\_\_ Other \_\_\_\_\_

If yes, how long \_\_\_\_\_ Where \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Divorced / separated parents MUST PROVIDE LEGAL EVIDENCE OF CHILD CUSTODY for school records. Current custody is with \_\_\_\_\_ Is your former spouse allowed to pick up your child (ren)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, legal documentation is required.

Immunization Records

- o Immunization records (signed statement from health provider specifying immunizations received, dates and dosages). Immunization is required for poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, measles, mumps and rubella. (20-A M.R.S.A. '6352-6359 and Chapter 126 of the Maine Department of Education Rules.)

*Note:* Beginning with the start of the 2004-2005 school year, students in grades K-2 and grade 9 must also be immunized against varicella (chicken pox). For the 2005-2006 school year, students in grades K-3 and 6, 9 and 10 must be immunized against varicella. For the 2006-2007 school year, students in grades K-4 and 6,7,9,10 and 11 must be immunized. Starting with the 2007-2008 school year, all students K-12 must be immunized against varicella.

Non-immunized students are not permitted to attend schools unless one of the following conditions is met (please check applicable box):

- o Parent/legal guardian provides written assurance that the child will be immunized within 90 days of this application (**this option is only available once in the student's school years**); OR
- o Parent/legal guardian provides a written statement from a physician that immunization against one or more diseases may be medically inadvisable (**required each year**); OR
- o Parent/legal guardian provides written statement that immunization is contrary to their religious or philosophical beliefs (**required each year**).

**Parent/Guardian Certification of Residency:**

I certify that I live with the student named above at the physical address identified and that the information provided on this form is true and correct. I understand that the Penobscot Community School requires the right to require proof of residency and that I have the burden of proof regarding residency. If residency information changes, I agree to bring it to the immediate attention of the Penobscot Community School.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_