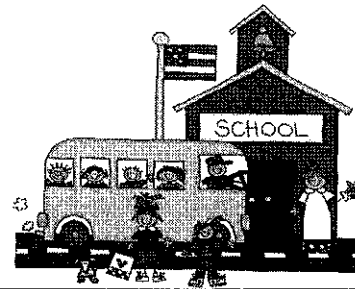


Belgrade Central School
158 Depot Rd
Belgrade, ME 04917
(207) 495-2321 Office (207) 495-2723
Fax



Dear Parents,

Welcome to the Belgrade Central School. We will do all we can to make your child's experience here a successful one.

Please help us get started by taking care of the following important items. Today you received a registration packet. Please review all the information and return the signed paperwork as soon as possible. We also require a copy of your child's birth certificate and immunization records. Once all of the required registration materials have been received our Principal will review your child's registration and assign a classroom teacher. The secretary will contact you to inform you of your child's teacher assignment. Bus routes are posted on our web site, www.rsu18.org/bcs, but you should contact our Transportation Department at 465-2102 to find out the times of pick-up and drop-off. If you have any other questions, please do not hesitate to contact us. We want yours and your child's transition to be as smooth as possible. Here's what's included in your packet:

Please **RETURN** the following items:

1. **Authorization to Transfer Student Records:** This form must be filled out completely and signed in order for us to request your child's school records. Be sure to include the schools name, address and phone number.
2. **Student Registration Form:** Please fill this card out completely. Return the form with your other registration materials. This card is the most important record we have. If something happens to your child we must have a way of contacting you. Please be sure to include (3) additional emergency contacts incase there is a situation when we are unable to reach a parent. Please don't forget to put your signature on the last page.
3. **Residency Affidavit:** This form is required to show that you are a resident of the town of Belgrade or Rome, Maine. Please read the form and **provide the necessary paperwork**.
4. **Medical History:** Please complete this form and return it with your other registrations materials. You will be asked annually to review the information you provide today, for any changes that may occur.
5. **Maine Migrant Survey:** Please complete this form and send it back to the school regardless of your answers. The Maine Department of Education requires this form to be on file for every student.
6. **Home Language Survey:** Please complete this form and send it back to the school. The Maine Department of Education requires this form to be on file for every student.
7. A copy of your child's **Birth Certificate**.
8. A copy of your child's **Immunization Records**

Respectfully,
Beverly Stevens, Secretary

BELGRADE CENTRAL SCHOOL
158 Depot Road
Belgrade, ME 04917
Phone: (207) 495-2321
Fax: (207) 495-2723

Authorization for Student Records Transfer

Please send all educational, health and psychological records for the following student(s) that has/have enrolled in our school.

Date: _____

Student(s) Name(s)

Grade Student(s) Currently Enrolled In

Name, address and phone number of the last school your child attended. This information is required in order for us to request your child's records.

School Name: _____

Mailing Street Address: _____

City, State Zip Code: _____

School Phone Number: _____

Authorized Parent Signature: _____

Parent Phone Number: _____

Parental permission is no longer required when authorized school personnel request records. Please see the Family Educational Rights Privacy Act. Final Rule on Education Records, Federal Register, June 17, 1976, Vol.41, No.118, page 2465731.

PLEASE SEND RECORDS TO:

Belgrade Central School
158 Depot Road
Belgrade, ME 04917

Respectfully,
Beverly Stevens, Secretary

RSU# 18 Enrollment Form

School: Belgrade Central School

Grade: _____

A COPY OF THE STUDENT'S BIRTH CERTIFICATE MUST BE PROVIDED WHEN ENROLLING
 RSU# 18 Enrollment Forms and Emergency/Permissions Sheets are stored in secured locations.

This form must be signed before starting school. All student information on this form is required and is used for local, state and federal funding.

-- Office Use Only --

Date of Entry:	Homeroom Teacher:	Birth Certificate certified by:
AM Bus Assignment:		PM Bus Assignment:

STUDENT NAME	LAST:	FIRST:	MIDDLE:
Date of Birth:	Gender:	Year of Graduation:	
Home Phone:	Student Cell Phone:		
Town of legal Residence:			
Physical Address:		Mailing Address:	
City:	State:	Zip:	City: State: Zip:
Does student trace origins to Mexico, Puerto Rico, Cuba, Central and So America, and other Spanish cultures (regardless of race) Yes / No			
Race (circle all that apply) White / Black-African American / Asian / American Indian-Alaska Native / Native Hawaiian-Other Pacific Islander			
If student's US citizenship status is immigrant, enter US arrival date : _____ Enter date first enrolled in US School: _____			

PREVIOUS SCHOOL INFORMATION

Was the student Home Schooled? Yes No	Student was enrolled in what grade?
Previous School Attended:	Previous District Attended:
School Address:	School Phone:

MILITARY FAMILY CONNECTION

If one or both parents are in the active uniformed service of the United States or within one year of medical discharge or retirement from active uniformed services, please circle one: **Active Duty / National Guard or Reserve**

HOMELESS STATUS

If the student & immediate family are currently in a homeless situation, circle one: **In a shelter ~ Doubled up ~ Unsheltered ~ Motel/Hotel**
For Students Only: If you are an Unaccompanied Minor, are you currently: **In a shelter ~ Doubled up ~ Unsheltered ~ Motel/Hotel**

DAY CARE PROVIDER INFORMATION

Name: _____ Phone: _____
 Address: _____
 Day Care / Bus Instructions: _____

MEDICAL INFORMATION

Doctor:	Phone:	Dentist:	Phone:
Hospital preference? No Preference Inland Hospital		MaineGeneral-Thayer Unit	MaineGeneral-Augusta
Name of Health Insurance:	Policy and Group Number:		

Specific Emergency Directions: _____

List special medical considerations the school should be aware of:

List allergies the school should be aware of:

SPECIAL SERVICES

Has the student received Special Education Services in the past?	Yes	No
Is the student currently receiving Special Education Services?	Yes	No
If YES , you must provide a copy of the student's most current IEP to the Registrar.		
Has the student received Title 1 in the past?	Yes	No
Has the student received English Language Learner (ELL) Services in the past?	Yes	No

All numbers provided may be called in a district/school wide emergency

Contact
Priority
1

Name:					Relationship: Mother / Father / Guardian / Step Parent	
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency	
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		
Mailing Address <input type="checkbox"/> Same as student					Email	

Contact
Priority
2

Name:					Relationship: Mother / Father / Guardian / Step Parent	
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency	
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		
Mailing Address <input type="checkbox"/> Same as student					Email	

Contact
Priority
3

Name:					Relationship: Mother / Father / Guardian / Step Parent	
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency	
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		
Mailing Address <input type="checkbox"/> Same as student					Email	

Contact
Priority
4

Name:					Relationship: Mother / Father / Guardian / Step Parent	
Priority	Phone	Ext	Text	Automated calls?	<input type="checkbox"/> Has or shares custody <input type="checkbox"/> Lives with student <input type="checkbox"/> Call for school pick up <input type="checkbox"/> Call in emergency	
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>		
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>		
Mailing Address <input type="checkbox"/> Same as student					Email	

All numbers provided may be called in a district/school wide emergency

Additional
Contact
1

Name:		Relationship:		
Priority	Phone	Ext	Text	Automated calls?
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>

Can pick up from school
 Emergency Contact

Additional
Contact
2

Name:		Relationship:		
Priority	Phone	Ext	Text	Automated calls?
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>

Can pick up from school
 Emergency Contact

Additional
Contact
3

Name:		Relationship:		
Priority	Phone	Ext	Text	Automated calls?
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>

Can pick up from school
 Emergency Contact

Additional
Contact
4

Name:		Relationship:		
Priority	Phone	Ext	Text	Automated calls?
	Mobile	x	<input type="checkbox"/>	<input type="checkbox"/>
	Home	x	<input type="checkbox"/>	<input type="checkbox"/>
	Day	x	<input type="checkbox"/>	<input type="checkbox"/>
	Work	x	<input type="checkbox"/>	<input type="checkbox"/>
	Pager	x	<input type="checkbox"/>	<input type="checkbox"/>

Can pick up from school
 Emergency Contact

**Student Information Notices and Agreements
Annual Review [2020-2021 School Year]**

STUDENT COMPUTER AND INTERNET USE

Student use of school computers, network and internet is provided to all RSU#18 students. The RSU community recognizes that the use of technology is essential to the success of our students education. Students are required to comply with the student computer and internet policy (IJNDB) and accompanying rules (IJNDB-R).

DIRECTORY INFORMATION - (Annual Notice of Student Education Records Rights)

Under the federal Family Educational Rights and Privacy Act (FERPA), RSU# 18 has designated the following student information as directory information that can be made public at its discretion: name, participation and grade level of students in officially recognized activities and sports, height and weight of student athletes, dates of attendance in the school unit, and honors and awards received. However, parent(s)/guardian(s) and eligible students over 18 do have the right to request that directory information not be released.

- YES**, I do grant permission for directory information about my child to be released (this includes releasing honor roll information)
 NO, I do not grant permission for directory information about my child to be released (honor roll information will not be released)

INFORMATION ON RSU# 18 WEBSITE

RSU# 18 maintains a website to provide information about the schools, its programs and activities, and student and staff achievements. Maine law requires public schools to obtain written approval from parent(s)/guardian(s) prior to publishing personal information about students on the Internet. Such information may include: full names of students in connection with class rosters, honor rolls, awards received, and team/activity participant lists; group and/or individual photographs of students (no names will be used); individual student or class work (including but not limited to creative writing, research projects, art work, music performances, and audiovisual presentations).

- YES**, I do grant permission for my child's information to be published on the RSU# 18 website.
 NO, I do not grant permission for my child's information to be published on the RSU# 18 website.

OUTSIDE MEDIA

On occasion, RSU# 18 allows media outlets such as local newspapers, radio stations, and television stations to visit the school to report on school programs and activities. You have the right to deny permission for your child's name, picture, voice, or statements to be used by outside media. However, please note that permission is not required for events open to the public such as athletic events, concerts, performances, and graduation ceremonies.

- YES**, I do grant permission for the use of my child's name, picture, voice, and/or statement to be used by outside media.
 NO, I do not grant permission for the use of my child's name, picture, voice, and/or statement to be used by outside media.

FOR HIGH SCHOOL STUDENTS ONLY

The No Child Left Behind Act requires secondary schools to provide student names, addresses, and telephone numbers to both military recruiters and institutions of higher education upon request. Parent(s)/guardian(s) may prevent the release of student information to military recruiters and/or institutions of higher education, by checking the appropriate line(s) below. If the appropriate line is not checked or this signed form is not returned, the school is required by federal law to disclose the student's name, address, and telephone numbers to any military recruiters and/or institutions of higher education that request it.

INFORMATION PROVIDED TO MILITARY RECRUITERS

- YES**, I do grant permission for my child's name, address, and telephone number to be released to military recruiters.
 NO, I do not grant permission for my child's name, address, and telephone number to be released to military recruiters.

INFORMATION PROVIDED TO INSTITUTIONS OF HIGHER LEARNING

- YES**, I do grant permission for my child's name, address, and telephone number to be released to institutions of higher education.
 NO, I do not grant permission for my child's name, address, and telephone number to be released to institutions of higher education.

NOTE TO PARENT(S)/GUARDIAN(S): Permissions remain in effect until modified by the parent(s)/guardian(s). A signature is required below to modify any of the above permissions. This form may be requested at any time in order to make modifications.

NOTE: I give permission for RSU# 18 to provide necessary medical treatment for my child if he/she is injured or becomes ill at school. In the event I cannot be reached in an emergency, I give permission for RSU# 18 to transport my child to a medical facility to obtain medical care. I understand that RSU# 18 does not assume any financial responsibility for the provision of medical transportation and/or medical care, and any charges for such services remain my responsibility.



Regional School Unit 18

Belgrade Central School

Belgrade * China * Oakland * Rome * Sidney

Gwen Bacon
Building Principal

158 Depot Road
Belgrade, Maine 04917

Beverly Stevens
Lead Secretary

Telephone (207) 495-2321
Fax (207) 495-2723

RESIDENCY AFFIDAVIT

Date: _____

I, _____ declare that I am the
please print your name

Parent or legal guardian of _____
please print student's full name

And we reside at the following address in the town of _____

Legal Residence: _____

Proof of residency submitted for verification includes:

- _____ Utility bill indicating legal residence
- _____ Lease agreement or rent receipt indicating legal residence and landlord's address and phone number
- _____ Insurance card
- _____ Social Services papers (i.e. TANF, Homeless Shelter Verification)
- _____ Documentation of home ownership from the local town office.
- _____ Other: _____

I hereby certify that this information is true and correct. I authorize the Messalonskee School District to independently verify this information. Misinformation will result in RSU 18 requesting the student attend school in the actual school system of residence.

Parent/Guardian Signature

Registrar: please verify by placing your initials next to the appropriate line to verify residency.

**STUDENT HEALTH HISTORY
RSU 18**

Date: _____
Student Name: _____ Date of Birth: _____ Grade: _____
Parent's/Guardian Names: _____ Home Phone #: _____
Cell Phone #: _____ Work Phone #: _____ Other #: _____
Family Doctor: _____ Family Dentist: _____

Please read this form and check any box related to an illness or condition your child has or has had:

- | | |
|--|---|
| <input type="checkbox"/> Allergies:
<input type="checkbox"/> Bee Sting
<input type="checkbox"/> Medication required _____
<input type="checkbox"/> Food
<input type="checkbox"/> Medication required _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Medication required _____ | <input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Medication required _____
<input type="checkbox"/> Bed Wetting
<input type="checkbox"/> Eating Disorder Under/Overweight
<input type="checkbox"/> Emotional Problems
<input type="checkbox"/> Speech Difficulties |
| <input type="checkbox"/> Arthritis | |
| <input type="checkbox"/> Asthma
<input type="checkbox"/> Medication required _____ | |
| <input type="checkbox"/> Birth defect | |
| <input type="checkbox"/> Blood disorder | |
| <input type="checkbox"/> Cancer | |
| <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Vaccine <input type="checkbox"/> Disease | |
| <input type="checkbox"/> Cystic Fibrosis | |
| <input type="checkbox"/> Diabetic
<input type="checkbox"/> Medication required _____ | |
| <input type="checkbox"/> Epilepsy/Seizure
<input type="checkbox"/> Medication required _____ | |
| <input type="checkbox"/> Hearing Loss Right Ear ___ Left Ear ___ <input type="checkbox"/> Hearing Aid | |
| <input type="checkbox"/> Heart Disease/Defect | |
| <input type="checkbox"/> Hepatitis | |
| <input type="checkbox"/> Kidney Disorder | |
| <input type="checkbox"/> Migraine Headaches | |
| <input type="checkbox"/> Scoliosis | |
| <input type="checkbox"/> Vision impairment <input type="checkbox"/> Wears glasses/contacts/prosthetic | |
| <input type="checkbox"/> No Known Health Problems | |

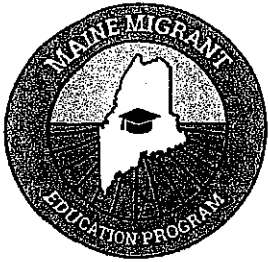
Please use comment section below to provide information about any of the above conditions.

Comments: _____

Important Notice

Students entering school in RSU 18 **MUST SUBMIT PROOF** of required immunizations. A copy of the student's complete immunization records is required for entry.

Parent/Guardian Signature: _____ Today's Date: _____



Maine Migrant Education Program









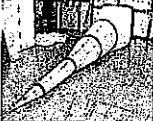





School Survey 2020-2021

School Name: Belgrade Central School District: RSU #18

The following information is confidential and for Migrant Education screening only
Please complete to see if your child may qualify for **free services** such as: **free lunch, education and support services, and graduation support**

1. Have you or anyone in your home worked temporarily or seasonally in agriculture or fishing anywhere in the U.S. in the past 3 years? Yes No

If yes, please circle all that apply:

 Feed Cattle, Processing, Packing	 Dairy	 Eggs	 Blueberries	 Cultivation, Soil Preparation	 Fishing, Fish Processing	 Lobstering
 Broccoli / Cauliflower	 Fishing Elvers	 Forestry (landscaping not included)	 Greenhouse, Nursery, Sod	 Harvest Potatoes	 Picking Apples	 Harvest ANY fruits or vegetables

2. If yes, did you or that person change your residence to do this work (even if only for a short period of time like a week)? Yes No
3. Have your children moved with you across school district lines in the last 3 years? Yes No

Parent/Guardian Name: _____ Phone: _____

Street Address: _____ City: _____

Best Day and Time to Call: _____ Email: _____

Please list children below:

First Name	Last Name	Grade	Date of Birth

Please return this form to one of your child's teachers, or to the central office of your school. We will call you to see if your children are eligible for the program.

If you would like to speak with us directly about our services, call (207) 624-6722. Thank you!

SCHOOL STAFF: PLEASE MAIL US THIS FORM IF ALL QUESTIONS SAY 'YES'

For the most up to date version of this form go to website: <https://www.maine.gov/doe/migrantform>

Maine Migrant Education
Dept. of Education
23 State House Station Augusta, ME 04333-0023

Amelia Lyons, State Director
amelia.lyons@maine.gov
(207) 624-6722

form updated February 2020

Dear Parent(s)/Guardian(s):

Under the terms of a federal project administered by the Maine Department of Education, data must be collected on home language usage for all kindergarten and incoming new students. Also, schools are required under federal civil rights laws to identify all students whose home language is not English. Parents and guardians are most qualified to provide the school with this information. Please take a few moments to complete the questionnaire on the reverse side of this page about the language(s) spoken in your home. After answering the questions, please have your child return the questionnaire to his/her homeroom teacher promptly.

You may be assured that the information that you provide in the questionnaire will be used only to assist the Department in planning programs to provide appropriate educational opportunities to all students in your school. The federal government will receive group data only. Access to the information provided in the short survey cannot be released without permission from you. Only those persons with legitimate educational interests, including in this case the Maine Department of Education, will have access to this information.

Please stress to your son or daughter the importance of returning the completed questionnaire promptly. Do not hesitate to call your school principal if you have questions about the survey. Thank you for your assistance in helping us meet this requirement.

Sincerely,

April Perkins, Director

Every Student Succeeds Act, Title III (Instruction for English Language Learners)

Complete the home language survey on the reverse side of this page and return it to your home room or advisory team teacher tomorrow or on the next school day.

Surveys in other languages are available at:

<https://www.maine.gov/doe/learning/englishlearners/policy/survey>

HOME LANGUAGE SURVEY

STUDENT'S

NAME _____ SCHOOL _____

GRADE _____

TOWN _____ DATE _____

Directions: Answer each question by putting the appropriate number in the box at the end of each question. If you answer "10. Other," specify the language.

1. What language do you **MOST OFTEN** use when speaking to your child?

- | | | |
|------------------|---------------|------------------|
| 1) English | 4) Vietnamese | 7) Spanish |
| 2) French | 5) Arabic | 8) American Sign |
| 3) Passamaquoddy | 6) Khmer | 9) Somali |

10) Other: (specify) _____

2. What language did your child **FIRST** learn to speak? 1 2 3 4 5 6 7 8 9

3. What language does your child **MOST OFTEN** use when speaking to brothers, sisters, and other children at home? 1 2 3 4 5 6 7 8 9

4. What language does your child **MOST OFTEN** use when speaking to you and other adults in the home? (grandparents, aunts, uncles, guests) 1 2 3 4 5 6 7 8 9

5. What language does your child **MOST OFTEN** use when speaking with friends or neighbors, **OUTSIDE** the home? 1 2 3 4 5 6 7 8 9

*This survey, approved by the U.S. Office for Civil Rights, is available in these languages at <https://www.maine.gov/doe/learning/englishlearners/policy/survey>

Acholi	French	Japanese	Lingala	Somali	Vietnamese
Arabic	German	Khmer	Pashto	Spanish	
Chinese	Gujarati	Kinyarwanda	Portuguese	Swahili	
English	Haitian Creole	Kirundi	Russian	Tagalog	
Farsi	Hindi	Korean	Serbian	Thai	

TO THE TEACHER:

(1). If you have observed this student use a language other than English, please indicate other language here: _____

(2) Was the child's first language development interrupted at some point in time due to adoption, relocation of family or similar event that might suggest second language usage? ____yes ____no

RSU18 COPPA Compliance Parental Consent



Regional School Unit 18 (RSU18) is committed to providing students with the most effective web-based tools and applications for learning. In order to do so, we abide by federal regulations that require parental consent as outlined below.

As required by the Child Internet Protection Act (CIPA), RSU18 has technology measures and policies in place which protect students from harmful materials. Email and websites are filtered in attempt to block inappropriate sites. For more information on CIPA, please visit: <http://www.fcc.gov/guides/childrens-internet-protection-act>.

Our district utilizes several computer software applications and web-based services operated by third parties. In order for our students to use these programs and services, certain basic information (generally student name, username, and email address) must be provided to the website operator. Under the federal Children's Online Privacy Protection Act (COPPA) law, these websites must notify parents and obtain parental consent before collecting information from children under 13 years of age. For more information on COPPA, please visit <http://www.ftc.gov/privacy/coppafaqs.shtml>.

The law permits schools, such as those in RSU18, to consent to the collection of this information on behalf of all of its students. When email addresses are utilized, it is important to note that students in grades K-6 can only email RSU18 staff members from their school accounts and cannot receive email from any outside email address. Outside individuals and companies will not be able to communicate with children in these grades.

Under the Children's Online Privacy Protection Act (COPPA), verifiable parental consent is required for students under the age of thirteen (13) if accounts containing this information are created for them on third party websites or online services. Limited information for your child consisting of first name, last name, birth date, username and email address may be provided to the online resource for the purpose of securing confidential credentials and access for the student. This information will remain confidential and will not be shared except for providing online programs solely for the benefit of students and the school system. RSU 18 does not willingly allow the use of any apps/online services that use student data for commercial use.

Student Name _____ Student ID _____

Please check the appropriate box below.

I give permission for Regional School Unit 18 to use accounts for my student in the above mentioned services.

I DO NOT give permission for Regional School Unit 18 to use accounts for my student in the above mentioned services.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Student Transportation Schedule 2020-2021 School Year



Student's Last Name	Student's First Name	MI	Grade	Teacher's Name
---------------------	----------------------	----	-------	----------------

IF YOU HAVE ANY QUESTIONS ABOUT BUSING, BUS ASSIGNMENTS AND FIRST OR SECOND TRIP SCHEDULES YOU MUST CONTACT THE DISTRICT BUS GARAGE AT 465-2102.

		A.M. Pick Up		P.M. Drop Off	
	Pick-Up Location Name and Address	Pick-up Telephone Number	Bus Number and Drivers Name	Destination Name and Address	Destination Telephone Number
SAMPLE	Home 123 Main St., Belgrade	495-4567	12-Poulin	ABC Daycare 456 Elm Ave., Belgrade	495-7474
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Parent or Guardian Signature

Date Signed

Unexpected Early Release Days 2020/2021 School Year

Please be sure to complete
the other side too!

Student's Last Name	Student's First Name	MI	Grade	Teacher's Name
---------------------	----------------------	----	-------	----------------

Unexpected early releases, usually on storm days, can cause a lot of unnecessary confusion, worry, and fear for some students. Please advise your child of your expectations should this occur. Please complete the following section to inform us of your expectations should this occur.

Our district has established a system where parents and guardians are now automatically notified of unexpected early releases. The system we have in place uses the telephone numbers YOU provide us at the beginning of the school year to send you a message describing the unexpected event. If your telephone number changes throughout the school year you are responsible for notifying the school office in writing of that change. Please do not call the information in as the secretary has no way to verify who is calling.

Check (✓) only ONE option:

- My child's drop off location is the same as usual.
- My child's drop off location is different than usual (as shown on the other side).

Please provide detailed information about the alternate destination:

Person's Name Where Child is Dropped Off	Relationship to student	Phone Number
Complete Street Address of Location (include box number)	Bus Number & Trip	Driver's Name

Parent/Guardian Signature

Date Signed

QUESTIONS ABOUT BUSING SHOULD BE DIRECTED TO OUR BUS GARAGE AT 465-2102

PLEASE COMPLETE BOTH SIDES OF FORM