

New Student Enrollment Form

Confidential



Camden Rockport Middle School
34 Knowlton St
Camden ME 04843
crms.fivetowns.net

Student Name:		Pronouns:	
Student Legal Name:		Gender: F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/>	
Birthdate:	Age:	Birth City/State:	
Physical Address:		State/Zip:	
Lives with (i.e. Mother, 50/50, Grandparent, etc.):			
Language Spoken at Home:		Hispanic Ethnicity: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Race (check all that apply):		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other:	
School Last Attended:		Homeschooled? <input type="checkbox"/>	
Address:		Grade:	
Legal Guardian 1:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other:
Name:		Employer:	
Address:		State/Zip: <input type="checkbox"/> Mailing <input type="checkbox"/> Home	
Email(s):		Phone(s):	
Legal Guardian 2:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other:
Name:		Employer:	
Address:		State/Zip: <input type="checkbox"/> Mailing <input type="checkbox"/> Home	
Email(s):		Phone(s):	
Parents' Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____			
Custody: <input type="checkbox"/> Shared <input type="checkbox"/> Guardian 1 <input type="checkbox"/> Guardian 2 <input type="checkbox"/> Other: _____			
Divorced/separated parents must provide legal evidence of child custody for school records.			
Is the non-custodial parent/guardian allowed to pick up your student(s) (If No, legal documentation is required):			Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like to be contacted about support programs (i.e. food/clothing, holiday giving tree, etc.)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contacts:			
1. Name:		Phone(s):	Relation:
2. Name:		Phone(s):	Relation:
Doctor/Clinic:		Phone:	
If unable to contact you or your doctor, do we have permission to send student to the hospital, if necessary?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Alerts:		Allergies:	

Educational/Social History (Optional)

1. In what areas or subjects does your student have an interest or excel in? (i.e., science, art, leadership, etc.)		
2. Do you have concerns about your student's educational progress? If yes, please describe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Has the student been evaluated for developmental, learning, and/or emotional concerns? If yes, please describe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has the student been retained or had an extra year in school? If yes, what grade(s) and why?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Does your student have difficulty with:	<input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Homework <input type="checkbox"/> Attention <input type="checkbox"/> Task Completion <input type="checkbox"/> Test Taking <input type="checkbox"/> Peer Relationships	
6. Please check concerns about your student that you feel the school should be aware of: <input type="checkbox"/> easily overstimulated <input type="checkbox"/> easily frustrated <input type="checkbox"/> overreaction to problems <input type="checkbox"/> easily angered <input type="checkbox"/> temper tantrums <input type="checkbox"/> tires easily <input type="checkbox"/> cries easily <input type="checkbox"/> unusually shy <input type="checkbox"/> impulsive <input type="checkbox"/> fearful <input type="checkbox"/> overly competitive <input type="checkbox"/> dislikes/avoids competition <input type="checkbox"/> nervous habits <input type="checkbox"/> eating issues <input type="checkbox"/> behavioral issues (destructive/defiant) <input type="checkbox"/> other concerns (please explain):		
7. Could your religious affiliation impact school routines in any way? If so, please describe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Was school successful for the student's parents when young?	Mother: Yes <input type="checkbox"/> No <input type="checkbox"/>	Father: Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Has the student been expelled from the school from which they are transferring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Has the student been suspended from the school from which they are transferring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Did the student withdraw from the school before a suspension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If answered Yes to Questions 8 thru 11 , please attach a written statement of the circumstances.		

The applicant is hereby notified that MSAD #28, 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 from which the student is transferring. MSAD #28 may also request an oral or written report from previous school as to whether the student has been expelled, suspended, or withdrew from school before an expulsion hearing or suspension.

If the student has been expelled or suspended or has withdrawn from school before an expulsion hearing or suspension, the student will not be allowed to enroll in MSAD #28 until the Superintendent has made a determination as to whether to admit the student and if so, under what conditions.

If an applicant is allowed to enroll in MSAD #28 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.

Please note that if this student transfers from MSAD #28 to another school district at any time, his/her educational records must be sent to the receiving school administration unit pursuant to Maine State Law

Title 20-A, Section 6001-B.

Signature of Parent/Guardian

Date