



## ***Welcome to Pownal Elementary School***

*587 Elmwood Road  
Pownal, Maine 04069  
(207)688-4832*

### **Registration Checklist**

Please provide the following information to register your student:

- ☐ Original Birth Certificate
- ☐ Proof of Residency
- ☐ Immunization Records
- ☐ Emergency Card (pick up at PES if printing online)

Please complete the following forms and return to Pownal Elementary School:

- ☐ Student Registration Form
- ☐ Student Health History
- ☐ Student Physical & Athletic Exam ***\*To be filled out by Health Care Provider\****
- ☐ Maine Military Family Indicator
- ☐ Home Language Survey
- ☐ Maine Migrant Survey
- ☐ Student Transportation Form
- ☐ Transfer of Student Records (if transferring from another school)
- ☐ BrightArrow Notifications
- ☐ Consent to Release Student Information
- ☐ Volunteer Application (optional)

Please submit your packet to the front office and welcome aboard!

Date of Entry: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level: \_\_\_\_\_

## RSU NO. 5 - STUDENT REGISTRATION FORM

Code: JFAA-E

This information is for your child's permanent school record. All information will become part of his/her confidential records, accessible to school officials. Please be certain the information is accurate. Thank you.

Student's Legal Name: \_\_\_\_\_ Student's Nickname: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Town/City State/Zip

Mailing Address: \_\_\_\_\_  
Street Town/City State/Zip

Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_

Gender: ( ) Male ( ) Female Birth Certificate on File: ( ) Yes ( ) No

Is this student receiving Special Services (i.e., Speech, P.T., O.T., Social Worker, Title One)? \_\_\_\_\_

Ethnicity (optional): Is the student Hispanic or Latino? ( ) Yes ( ) No

Race (optional):

- a. White c. Asian e. Native Hawaiian / Other Pacific Islander  
b. Black or African American d. American Indian or Alaska Native

Student Lives With (circle one): Mother Father Both Mother/Mother Father/Father

Mother and Stepfather Father and Stepmother \*\*Legal Guardian

\*\*If the student lives with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.

Is the student a Ward of the State? ( ) Yes ( ) No

Additional Information: \_\_\_\_\_

Is there a court order regarding custody or restricting access to your child? ( ) Yes ( ) No. A certified copy of the order must be attached.

Parent 1	Parent 2
Name: _____	_____
Home Address: _____	_____
Place of Employment: _____	_____
Occupation: _____	_____
Business Phone: _____	_____
Home Phone: _____ / Cell: _____	_____ / Cell: _____
E-Mail Address: _____	_____

Parental Status (circle one) Single Married Divorced Separated Widowed Domestic Partner

Legal Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Legal Guardian's Place of Employment & Phone: \_\_\_\_\_

Number of Children in Family: \_\_\_\_\_ Boys: \_\_\_\_\_ Girls: \_\_\_\_\_  
 Names of Children: \_\_\_\_\_ Birthdates of Children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Immunization Records – Records need to be presented upon registration**

All students who enroll in the RSU No. 5 schools are required by Maine law to present a certificate of immunization or evidence of immunization.

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

- ( ) The parents/guardians provide to the school written assurance that the child will be immunized within 90 days of enrolling in school or his/her first attendance in classes, whichever date is earlier. This option is available only once to each student during their school career; or
- ( ) The parents/guardians provide a physician's written statement each year that immunization against one or more diseases may be medically inadvisable (as defined by law/regulation); or

**STUDENT EDUCATION/DISCIPLINARY RECORDS FROM PREVIOUS SCHOOL**

Name of School that student is transferring from: \_\_\_\_\_  
 Address and telephone number: \_\_\_\_\_  
 Name of Principal: \_\_\_\_\_  
 Grade Last Attended: \_\_\_\_\_  
 Reason for Transfer: \_\_\_\_\_

Is the student currently subject to expulsion or suspension from the school from which he/she is transferring OR has the student withdrawn from the school before an expulsion hearing or suspension? Yes \_\_\_\_\_ No \_\_\_\_\_

**If the answer is yes**, please attach a written statement of the circumstances. If the student has been expelled or suspended, or withdrew from school before an expulsion hearing or suspension, the student will not be allowed to enroll in RSU No. 5 until the Superintendent has made a determination as to whether to admit the student and if so, under what conditions. The applicant is hereby notified that the RSU No. 5 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. RSU No. 5 School Department may also request an oral 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.

If an applicant is allowed to enroll in RSU No. 5 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.

**Parent/Guardian Certification of Residency**

I certify that I live with the student named above at the home address identified above. I understand that the RSU No. 5 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 the RSU No. 5 School Department.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

**Page 2 of 2 – Form is not complete until both pages are filled in.**



## Durham - Freeport - Pownal Health Record Requirements



Routine medical care is an important part of insuring that your child is healthy and able to participate to the best of his/her ability in the academic program and classroom activities of their school day, along with a strenuous physical education program, co-curricular activities, and interscholastic sports.

Students entering **Pre-K, Kindergarten, 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup>, 11<sup>th</sup> Grades & Transfers** are required to provide:

1. Their current **IMMUNIZATION RECORD** – copy from their physician.
2. The **STUDENT PHYSICAL EXAM Form** - **must be completed & signed by their physician.**  
This physical form will also cover students participating in the interscholastic sports program.  
Transfer Students may show evidence of a Physical Exam completed within the past year.
3. The **STUDENT HEALTH HISTORY** - must be completed for Preschool, Kindergarten and all Transfer students by a parent/guardian.
4. The **ANNUAL HEALTH HISTORY UPDATE Form** – must be completed for all returning students 1<sup>st</sup> -12<sup>th</sup> grade.

If you are unable to meet these requirements because of financial, religious, or other considerations,  
PLEASE contact the School Nurse in your child's school.

### HEALTH SERVICES TEAM

#### **Freeport High School**

Phone: 865-4706 x4

Fax: 865-2900

**Emily Guyer RN, BSN**

**guyere@rsu5.org**

#### **Freeport Middle School**

Phone: 865-6051

Fax: 865-2902

**Maureen Erskine RN, BSN**

**erskinem@rsu5.org**

#### **Durham Community School**

Phone: 353-8249

Fax: 353-2731

**Kim Gormely RN, BSN**

**gormelyk@rsu5.org**

#### **Mast Landing School**

Phone: 865-4561 x2

Fax: 865-2909

**Erika Skiff RN, BSN**

**skiffe@rsu5.org**

#### **Morse Street School**

Phone: 865-6361 x2

Fax: 865-2903

**Brooke Rich RN, BSN, MED**

**richb@rsu5.org**

**Shannon Sampson RN, BSN**

**sampsons@rsu5.org**

#### **Pownal Elementary School**

Phone: 688-4832 x16

Fax: 688-4872

**Abigail Leavitt RN, BSN**

**leavitta@rsu5.org**

**\*RSU No. 5 SCHOOL NURSES have the Maine DOE Certification to work as a School Nurse\***





**Durham-Freeport-Pownl**  
**Student Health History**  
To be completed by Parent/Guardian  
For Pre-K, Kindergarten and Transfer Students



Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please check any EMERGENCY Health conditions that your child has:**

Asthma: \_\_\_\_\_ Heart Condition: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Seizures: \_\_\_\_\_ Other: \_\_\_\_\_

**Please specify if your child has a LIFE-THREATENING ALLERGY to:**

Foods: \_\_\_\_\_ Medications: \_\_\_\_\_ Stings: \_\_\_\_\_ Other: \_\_\_\_\_

**An Individual Action/Management Plan must be signed by your PCP each school year, for any of these conditions.**

**\*These potentially, life threatening conditions will be included on the Medical Alert List \***

**Medications taken at home:**(name, dose & Frequency) \_\_\_\_\_

**I give permission to administer dose appropriate: Tylenol Yes ☐ No ☐ Ibuprofen Yes ☐ No ☐**

**Describe any other health conditions below: symptoms, treatment, frequency, and their age/date that it occurred.**

**These conditions will be included in your child's health record.**

Allergies (Non-life-threatening) or sensitivities: \_\_\_\_\_

Behavioral/Social-Emotional/Mental Health Problems: \_\_\_\_\_ Diagnosed ADD/ADHD: \_\_\_\_\_

Bones/Joints/Muscle Coordination: \_\_\_\_\_ Scoliosis: \_\_\_\_\_ Treatment: \_\_\_\_\_

Bowel/Digestive/Stomach Problems: \_\_\_\_\_

Bronchitis/Chronic Cough/Wheezing: \_\_\_\_\_

Ear/Hearing Problems: \_\_\_\_\_ Tubes in Ears: \_\_\_\_\_ Hearing Aid(s): R \_\_\_\_\_ L \_\_\_\_\_

Eye/Vision Problems: \_\_\_\_\_ Glasses: \_\_\_\_\_ Contacts: \_\_\_\_\_

Headaches/Migraines/Dizzy Spells/Fainting: \_\_\_\_\_ History of Concussion: \_\_\_\_\_

Menstrual Issues: \_\_\_\_\_

Nutrition/Special Dietary Needs: \_\_\_\_\_

Skin Problems: \_\_\_\_\_

Speech Problems: \_\_\_\_\_

Teeth Condition: \_\_\_\_\_ Last Dental Exam: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Has your child had: Chicken Pox disease: \_\_\_\_\_ Pertussis (Whooping Cough)? \_\_\_\_\_

Does your child use: Crutches \_\_\_\_\_ Wheel Chair \_\_\_\_\_ Braces (Arms/Legs) R \_\_\_\_\_ L \_\_\_\_\_ Other: \_\_\_\_\_

Accidents/Hospitalizations/Surgery: \_\_\_\_\_

Does your child have **Health Insurance?**: Yes \_\_\_\_\_ No \_\_\_\_\_ Insured under **Maine Care**: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**If your child needs assistance with Health Insurance, CALL 1 -800-965-7476 or [www.mainecehc.org](http://www.mainecehc.org)**

Do you need help with finding **Dental Care** for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Eye care: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Other Specialist, Counselors, etc. \_\_\_\_\_

- ♦ I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.
- ♦ I authorize exchange of information with my child's physician for required school physical examination, immunization records, and health concerns.
- ♦ I recognize that school personnel will take the appropriate steps in a medical situation, including calling Rescue 911.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Contact information: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



**RSU No. 5 Durham - Freeport - Pownal**  
**STUDENT PHYSICAL & ATHLETIC EXAM**  
**For Students Entering PreK K 3<sup>rd</sup> 6<sup>th</sup> 9<sup>th</sup> 11<sup>th</sup> & all Transfer Students**  
**To the Health Care Provider: Please Complete and Sign**  
**(Physician, Osteopath, Nurse Practitioner, Certified Nurse-Midwife or Physician Assistant)**



Student's Name \_\_\_\_\_

DOB \_\_\_\_\_

GRADE \_\_\_\_\_

**IMMUNIZATIONS**

Please attach a complete Immunization Record.

Student has documented history of Chickenpox Disease? ☐ No ☐ Yes (If yes, Date: \_\_\_\_\_ )

If student requires a medical exemption for immunizations please submit documentation to school nurse annually

MEDICATION at Home			MEDICATION at School			
This student is on long-term medication <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:			Medication	Dose	Time	Frequency
B/P		Pulse	This student has the knowledge and skill to carry and self-administer this medication. <input type="checkbox"/> Yes <input type="checkbox"/> No			
HT	WT	BMI				

Eye exam completed?:

Pass: ☐

Fail: ☐

Referred for follow-up vision care?:

Yes: ☐

No: ☐

**HEALTH NEEDS IN SCHOOL**

**EMERGENCY CONDITIONS** (PLEASE attach an ACTION PLAN for the following conditions)

☐ Anaphylaxis (Food /Sting Allergy) ☐ Cardiac ☐ Asthma ☐ Diabetes ☐ Seizure ☐ Other

Comments / recommendations / additional information \_\_\_\_\_

**HEALTH CONCERNS** (explain below)

☐ Chronic Disease ☐ Physical Dysfunction ☐ Hearing ☐ Vision ☐ Behavioral/Social/Emotional ☐ Speech/Language

☐ Allergies / Sensitivities / Intolerances \_\_\_\_\_

☐ History of Concussion (If yes, provide dates) \_\_\_\_\_

**PARTICIPATION**

By signing this form the student *may participate* fully in school activities including physical education, sports, and co-curricular activities. If student *may not participate* fully in school programs and needs restrictions/adaptations please attach detailed information to accompany this form.

Student's most recent PHYSICAL EXAM was done on: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

Signature of Health Care Provider \_\_\_\_\_

Name/Group Practice (Please Print) \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

# Maine Military Family Indicator

The information provided on this form is reported for the Military Interstate Compact and Every Student Succeeds Act. No personally identifiable information on this form is provided to the federal government.

Please complete one form per school where your children attend:

Student Name(s): \_\_\_\_\_

Parent Name: \_\_\_\_\_

Please check only one	Description	Definition
	Active Duty in the United States Army, Navy, Air Force, Marines, or US Coast Guard	<b>Student is a dependent of a member in full-time duty in the active military service of the United States, including fulltime training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned.</b>
	Full Time National Guard	<b>Student is a dependent of a member in training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.</b>
	Part-time National Guard or Reserve	<b>Student is a dependent of a member of the National Guard (not Full-time duty) or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).</b>
	Not currently Military Connected	<b>Student is not the child of an Active Duty, Full Time National Guard, or Part-time National guard member of the Armed Services.</b>

Note: If at least one parent serves in active uniformed service of the United States check Active Duty.



Dear Parent/Guardian:

Maine welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset, and we encourage families to maintain their languages while learning English. Students who speak or understand another language may be entitled to support to improve their English in order to meet Maine's challenging academic standards. The following questions, required for all students from pre-kindergarten through grade 12, will help your school determine whether your child may benefit from English language support services.

- If a language other than English is indicated, your child will be administered an English language screener.
- Depending on your child's score, your child may be classified as an English Learner and eligible for English language support.
- If you would like this letter and the survey below to be provided in another language, or if you would like an interpreter, your school will fulfill those requests.
- If you have questions about this survey, please contact your school principal.

Be assured that your answers will be used only for educational purposes. The completed survey will be kept in your child's permanent file, and only school staff will have access to it. No school employee may inquire about the immigration status of any member of your family.

Thank you for providing this information, and I wish your student great academic success.

Sincerely,

April Perkins

*Director of ESOL and Bilingual Programs, Maine Department of Education*

#### LANGUAGE USE SURVEY

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Anticipated Grade: \_\_\_\_\_

Please do not leave any question unanswered.

1. What language(s) did your child **first** speak or understand?
2. What language(s) does your child **most easily** speak or understand?
3. What language(s) do people use with your child daily?

Parent/Guardian Signature: \_\_\_\_\_

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

#### School Use Only

Post-enrollment Identification: If no language other than English is indicated by a parent/guardian on this survey, an English language screener may be administered **only** if this section is completed by a teacher.

Describe evidence that the student's English language development has been affected by a primary or home language other than English:

Teacher Signature: \_\_\_\_\_

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

**PLACE THE ORIGINAL OF THIS COMPLETED DOCUMENT IN THE STUDENT'S  
PERMANENT RECORD FOLDER**





# Maine Migrant Education Program

## School Survey

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

*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) 530-1807. 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

Matthew Flaherty  
Matthew.Flaherty@maine.gov  
(207) 530-1807

## STUDENT TRANSPORTATION FORM

Please fill out the following to let us know how your child  
will be getting to and from school each day.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please **CHECK** one for each day:

<b>Morning Plan</b>	<b>Parent Drop Off</b>	<b>Bus Pick Up</b>	<b>Address of Bus Pick Up</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Bus Driver (if known): \_\_\_\_\_

Please **CHECK** one for each day:

<b>Afternoon Plan</b>	<b>Parent Pick Up</b>	<b>Bus Drop Off</b>	<b>Address of Bus Drop Off</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Bus Driver (if known): \_\_\_\_\_

\*Please contact the office with any changes to the above plans.

Pownal Elementary School

587 Elmwood Road  
Pownal, Maine 04069  
207-688-4832 phone  
207-688-4872 fax

Transfer of Student Records

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

Name of School transferring from: \_\_\_\_\_

Address of school transferring from: \_\_\_\_\_

(Number and Street)

(City)

(State)

(Zip)

Name(s) of children

Current Grade

_____	_____
_____	_____
_____	_____
_____	_____

This is to certify that I, \_\_\_\_\_, the  
parent/legal guardian of the child(ren) listed above do hereby request that the  
educational and school medical records of the above listed child(ren) be transferred to  
Pownal Elementary School (see address above).

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**RSU5**  
**BRIGHTARROW NOTIFICATIONS**

2023-2024 School Year

Dear Parents:

RSU5 has a notification system called BrightArrow. The system will send out notifications to parents via the telephone regarding important school information. The information that might be sent out through the BrightArrow system includes, but is not limited to the following:

- School Closings
- Emergency situations
- School activity updates/reminders
- School Board information

\_\_\_\_\_ I request that my phone number **NOT** be accessed by the BrightArrow system

\_\_\_\_\_ I request that my phone number be accessed by the BrightArrow system. The phone numbers used will be the phone numbers provided to the school on the student demographics form.

Parent Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_

***E-MAIL COMMUNICATIONS***

RSU5 also has an e-mail communication system to send parents information regarding the schools through e-mail (newsletters, PTC information, School Board information, etc.). We have found this to be an effective way to communicate with parents. We do not release this list to outside groups and only information related to RSU5 is sent out.

\_\_\_\_\_ I would like to receive e-mail notices. The e-mail addresses used will be the addresses provided to the school on the student demographics form.

\_\_\_\_\_ I do **NOT** want to receive e-mail notices.

***TEXT MESSAGES***

To receive text messages through BrightArrow, you need to opt in. You will receive an opt in invitation for text messages the first time the school sends out a message. Opting in is completely optional and all communications sent via text will also be sent via email.

**PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE  
WITHIN ONE WEEK**



**RSU NO. 5 CONSENT TO RELEASE PREK-8 STUDENT INFORMATION**

2023-2024 School Year

Dear Parents/Guardians:

***Directory Information***

During the school year there are groups who support school activities like the parent/teacher organizations, boosters for various sports and activities who request Directory Information from us. These groups are directly associated with the school and any information given to them is not shared with anyone else. RSU No. 5 designates the following student information as directory information: name, participation and grade level of students in recognized activities and sports, height and weight of student athletes, dates of attendance in the school unit, and honors and awards received. While directory information can be released without written permission, it has been our custom to honor your wishes regarding this issue. RSU5 may disclose directory information if we have not received timely written notice refusing permission to designate such information as directory information.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ I request that the school **NOT** release my child's information of any kind, including "directory information"

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Information on the Internet***

There are also activities such as music presentations, plays, etc. that are photographed or video taped and played over the local cable access channel or other television stations. Photos and student names are sometimes released to the press, such as the honor roll, and/or displayed on teacher's classroom and school websites.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ I request that the school **NOT** release my child's information on the internet or television.

\_\_\_\_\_ My child's information may be released on the internet or television

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Volunteer Application

RSU5

17 West Street

Freeport, Maine 04032

Phone: (207) 865-0928 Fax: (207) 865-2855

[www.rsu5.org](http://www.rsu5.org)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Do you have a child or children currently attending RSU5 schools? ☐ Yes ☐ No

If yes, please list each child's name, grade and school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where would you like to volunteer?

- ☐ Durham Elementary School  
☐ Freeport High School  
☐ Freeport Middle School

- ☐ Mast Landing School  
☐ Morse Street School  
☐ Pownal Elementary School

Thank you for your interest in our schools! All volunteers are required to undergo a State of Maine background check prior to working with our students. *This background check is free and will require your signature on the next page. Please also answer the following questions:*

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Have you ever been disciplined, discharged or asked to leave a prior position?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been charged with or investigated for sexual abuse or harassment of another person?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of a crime (other than a minor traffic offense)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever entered a plea of guilty or "no contest (nolo contendere) to any crime (other than a minor traffic offense)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any of these questions, please provide full details in the space provided below or on a separate sheet of paper. Conviction or other disposition of a crime is not necessarily an automatic bar to volunteering in RSU5 but failure to disclose criminal history may prevent you from being a volunteer.

OVER

**Please read and sign the following Volunteer Rules and Background Check Agreement:**

I understand that I must comply with all Board policies and school rules while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent.

My signature below constitutes authorization to check criminal arrest and conviction records, reference checks and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that RSU5 contacts in connection with my volunteer application to fully provide RSU5 any information on the matters set forth above. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee which may include School Board members, administrators, other staff and members of the community. I give my consent to this disclosure. I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible to volunteer if the information contained herein, upon investigation, is found to be misrepresented or falsified. Moreover, if during the course of my volunteer service my record status changes because of current unlawful activity or transgression, I understand that I must notify the appropriate school administrator and that I may be declared ineligible to volunteer.

X

Signature

Date

**Please read and sign the following Volunteer Confidentiality Agreement:**

Students in RSU5 have the right to expect that information about them will be kept confidential by all volunteers. Additionally, the U.S. Congress has addressed the privacy-related concerns of educators, parents and students by enacting the Family Educational Rights and Privacy Act (known more commonly as "FERPA" or the "Buckley Amendment". Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including the RSU5, which disseminates a student's educational records without his or her parent's consent.

1. Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized RSU5 employees, as designated by the administrators. Even when discussing a student with those who are directly involved in a student's education (teacher, principal, guidance counselor, etc.) you may not share otherwise confidential information with them unless it is relevant to the student's educational growth, safety or well-being.
2. You may not share information about a student even with others who are genuinely interested in the student's welfare (social workers, scout leaders, clergy or nurses/physicians unless such confidential information is necessary for a student's care in a grave medical emergency). You must refer all such questions to the school employees so authorized- typically the student's teacher or principal.
3. Parents, friends or community members may in good faith ask you questions about a student's problems or progress. You must refer all such questions to the authorized school employee(s). You may not share information – positive or negative – about a student even with members of your own family or the student's family.
4. Before you speak, always remember that violating a student's confidentiality isn't just impolite, it is against the law.

As a volunteer for RSU5, I agree never to disclose information about a student's records or progress to anyone other than an authorized school department employee. I will refer all requests for such information from those not directly involved in the student's education to authorized school district employees. I understand that if I breach confidentiality, I will lose my privilege to volunteer with RSU5.

X

Signature

Date