

BATH PUBLIC SCHOOLS
39 ANDREWS ROAD
Bath, Maine 04530
(207) 443-6601

OFFICE USE:

Cum Card _____
 Attend. Card _____
 Emergency Card _____
 Birth Certificate _____
 Health Record _____

OFFICE USE:

Proof of Immunization _____
 Records Request Date _____
 Homeroom _____
 Bus _____ Garage _____
 Computer _____

REGISTRATION FORM

School Name: _____

Date Entered: _____

Student Information:

First Name: _____

Middle Name: _____

Last Name: _____

Nickname: _____

Gender: M F Phone No.: _____

Birth Date: _____

Place of Birth (City & State): _____

Grade: _____ Year of Graduation: _____ State Ward? _____yes _____no

Parent/Guardian Names (Title & Names to be used for mailing): _____ State Agency Client? _____yes _____no

<p>Proof of Residency (required):</p> <p>_____ Lease with address</p> <p>_____ Mortgage with address</p> <p>_____ Military housing document</p> <p>_____ Utility Bill</p> <p>_____ Driver's license</p> <p>_____ Auto registration</p> <p>_____ Other _____</p>
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and Street: _____

Town and Zip (if not Bath): _____

Ever enrolled in Bath School(s)? _____ If yes, school _____ Grade: _____

Survey Information:

Home Language (Circle One): English French Spanish Other _____

Ethnic Category (Circle One): American Indian Hispanic Asian African American

White Other _____

<p>Has your child ever received any special services? (Please check all received)</p> <p>Chapter I Reading _____ Chapter I Math _____ Counseling _____</p> <p>O.T. _____ P.T. _____ Speech _____</p> <p>504 Plan _____ Other _____ Explain: _____</p> <p>*Do you have a copy of our child's Individualized Education Program? Yes _____ No _____</p> <p>Was any Special Education assessment ever done? If yes, when and where? _____</p> <p>Gifted Program _____ What areas? _____</p> <p>Accelerated Classes _____ What subjects? _____</p>	<p>Medicaid eligible _____</p> <p>Resource Room (*I.E.P.) _____</p> <p>Special Placement _____</p>
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With whom does the child reside? (Circle One):
 Parents Parent & Stepparent Mother Father Other _____

If child does not reside with both natural parents, please indicate who has custody:

 (Name) (Relationship)

Copy of documents on file _____

FAMILY INFORMATION
 (Information on people with whom child lives)

FATHER/GUARDIAN (Circle One) _____
 (First Name) (Last Name)

Occupation: _____ Work Phone #: _____

MOTHER/GUARDIAN (Circle One) _____
 (First Name) (Last Name)

Occupation: _____ Work Phone #: _____

Marital status: Married _____ Single _____ Divorced _____ Separated _____ Remarried _____ Other _____

Child care provider name: _____ Phone: _____

Address: _____

Names and ages of others living at home: _____

Student Education/Disciplinary Records from Previous School

Name of school that student is transferring from: _____

Address: _____
(Street) (City and State) (Zip)

Phone: _____

Name of Principal: _____

Student's current grade level: _____

Reason for Transfer: _____

Has the student been expelled from the school from which he/she is transferring? Yes No

Has the student been 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 ever been expelled from a private/public schools? Yes No

If the answer is yes, where _____ When: _____

The applicant is hereby notified that the Bath Public Schools, 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 Bath Public Schools 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 the period, the student may or may not be enrolled.

If the student is allowed to enroll in the Bath Public 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..

I/we certify that I/we are the parents/legal guardians of the child named on this form and are legal residents of Bath, Maine, by maintaining a home and family responsibilities within this assigned school district.

 Parent/guardian Signature

Birth Certificate on First Enrollment

Public Law 962 (ref. Title 20-A Section 6002) requires that every child who enrolls as a pupil for the first time in any school in the State shall present within 60 days of such enrollment an official record of his/her birth. The STATE REGISTRAR OF VITAL STATISTICS shall, upon request of parent or guardian of such children, furnish copies of such records as may be on file in his office.

If you do not have a birth certificate with you today, please read and sign the following:

I understand that within 60 days of enrollment in school, I shall present an official record of birth.

Date

Parent/Guardian

Please not that hospital certificates are not official records of birth. Birth certificates can be obtained from municipal offices in the city of birth.

The Bath School Department is committed to pursuing a policy of non-discrimination in its educational and employment programs, and honors all applicable laws relating to discrimination.

The Bath School Department does not discriminate in any of its programs on the basis of race, color, national origin, religion, sex, age, marital status, or disability, and complies with all provisions of the Maine Human Rights Act, Titles VII and IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Individuals with Disability Education Act, and the Americans with Disabilities Act. Inquiries regarding these obligations may be made to the Affirmative Action Officer at Bath Middle School, 6 Old Brunswick Road, Bath, ME 04530 (443-8270).