



Regional School Unit #34

Alton – Bradley – Old Town

156 Oak Street

Old Town, Maine 04468

Telephone (207) 827-7171

DAVID A. WALKER, SUPERINTENDENT

Dear Parents / Guardians,

We are delighted to welcome your student to the Regional School Unit #34, serving the towns of Old Town, Alton and Bradley.

When a child is registering in RSU #34, a parent or guardian must provide proof of identity and age by providing one of the following documents:

- original or certified copy of a birth certificate (original will be returned to the parent or guardian)
- valid passport (of the student)
- or other record recognized by a court of law

In addition, the parent or guardian must provide immunization records as required by State law and proof of residence. Proof of residency is also required when a change of address occurs. To meet the proof of residency requirements, a parent / guardian must submit one document of the following types:

- Title evidence, mortgage statement, or lease agreement, tax bill, certificate of residency obtained from the town/city office
- Utility bill such as an electric bill, gas bill, or home phone bill (a cellphone bill is not a utility bill and will not be accepted)
- Maine Drivers License, Maine State Identification Card, voter's registration card, loan payment book, home insurance policy, bank account paperwork, medical card, permanent resident card.

Transfer students must complete the student records release included in this packet. The building principal or designee is responsible for collecting this information.

Please submit the required documents to the Superintendent's Office, between the hours of 8:00am until 2:00pm. We are located in the Leonard Middle School at 156 Oak Street, Old Town.

If you have questions about these documents or other registration and enrollment procedures, please do not hesitate to contact Angela Porter our Student Enrollment Coordinator at 207-827-7171 option 4 or angela.porter@rsu34.org. She is available 8:00am until 2:00pm, Monday through Friday.

Welcome to RSU #34 – Old Town, Alton, Bradley

Please use this checklist to be sure you have completed all the enclosed enrollment forms in the packet.

- Proof of Residency
- Student Proof of Identity & Age
- Immunization Record(s)
- Enrollment form {white}
- SPED records request {yellow}
- School records request {white}
- Health Survey {white}
- Cyr Bus form {pink}
- Home Language {green}
- Migrant {green}
- McKinney-Vento questionnaire {green}
- Website Permission {blue}

ENROLLMENT/REGISTRATION FORM

Date entered in IC _____

Has the child ever been enrolled in RSU 34 public schools?

No _____ Yes _____ If yes, what school(s) and grade(s)

FOR SCHOOL USE ONLY	START DATE: _____
_____	RSU 34 School Attending
_____	Grade/Teacher Code

DEMOGRAPHIC INFORMATION

Student Last Name: _____ First Name: _____ MI _____

DOB: _____ GENDER: M _____ F _____ Social Security Number _____

City of Birth _____ State of Birth _____

ETHNICITY CODE:

- Caucasian/White
- Asian
- Hispanic/Latino
- Black/African American
- Native Hawaiian/Pacific Islander
- American Indian/Alaskan Native
- Other *

* will be reported as Caucasian/White

ENGLISH PROFICIENCY

- Native English Speaker
- Bilingual-Never LEP
- Limited English Proficient*
- Transitioned Back to LEP*
- Former LEP*
- ESL only*
- Sheltered English*

*Language spoken: _____

STATE REPORTING FIELDS

- Migrant
- Section 504
- Ward of State
- State Agency Client (Ft. James, foster care)
- Title IA Disadvantaged
- Alternative Education
- Foreign Exchange Student

Is the home you live in located in RSU 34? (Alton, Bradley or Old Town)? Yes _____ No _____

If not, what town is the home located in: _____ (where taxes are paid)

a. It is **mandatory** that you provide RSU34 with a residency form (obtained from your local town office)

Do you live in the University Park: Yes _____ No _____

What School did the student last attend Name of School: _____ **Town / State:** _____

Is the Parent/Guardian Active Duty Military or Reserves? Yes _____ No _____

For Pre-K/Kindergarten Enrollments: Enter number of days per week child attended

Daycare _____ PreK/4-YO Prog _____ Head Start _____ Nursery School (name) _____

Birth Certificate on First Enrollment:

Maine Law requires that a legal copy of a birth certificate shall be presented upon enrollment. You may bring a legal copy in and we will copy your original for you, photocopies are not accepted. You may obtain legal copies at the municipal offices in the city or town of birth. Hospital certificates are NOT legal proof of birth.

Birth Certificate presented: Yes _____ No _____ Verified by: _____

Student Name: _____

<p>PRIMARY HOUSEHOLD INFORMATION</p> <p>Phone number: _____</p> <p>PHYSICAL ADDRESS: _____</p> <p>City: _____ State _____ Zip _____</p> <p>MAILING ADDRESS: _____</p> <p>City: _____ State _____ Zip _____</p> <p>PRIMARY HOUSEHOLD MEMBERS <i>other than student</i> :</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1. Name _____</td> <td style="width:33%;">Relationship: _____</td> <td style="width:33%;">Cell: _____</td> <td style="width:33%;">Work: _____</td> <td style="width:33%;">Email: _____</td> </tr> <tr> <td>2. Name _____</td> <td>Relationship: _____</td> <td>Cell: _____</td> <td>Work: _____</td> <td>Email: _____</td> </tr> <tr> <td>3. Name _____</td> <td>Relationship: _____</td> <td>Cell: _____</td> <td>Work: _____</td> <td>Email: _____</td> </tr> <tr> <td>4. Name _____</td> <td>Relationship: _____</td> <td>Cell: _____</td> <td>Work: _____</td> <td>Email: _____</td> </tr> <tr> <td>5. Name _____</td> <td>Relationship: _____</td> <td>Cell: _____</td> <td>Work: _____</td> <td>Email: _____</td> </tr> <tr> <td>6. Name _____</td> <td>Relationship: _____</td> <td>Cell: _____</td> <td>Work: _____</td> <td>Email: _____</td> </tr> </table> <p>(please print clearly) (mother, father, stepfather, sibling, etc) (list additional household members on separate sheet)</p> <p>**Household members listed above will be emergency contacts unless otherwise advised. List additional non-household emergency contacts below</p> <p>EMERGENCY CONTACT INFORMATION (other than those listed above) <i>must be 18 years or older</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1. Name _____</td> <td style="width:33%;">Relationship: _____</td> <td style="width:33%;">Cell: _____</td> <td style="width:33%;">Work: _____</td> <td style="width:33%;">Email: _____</td> </tr> <tr> <td>2. Name _____</td> <td>Relationship: _____</td> <td>Cell: _____</td> <td>Work: _____</td> <td>Email: _____</td> </tr> <tr> <td>3. Name _____</td> <td>Relationship: _____</td> <td>Cell: _____</td> <td>Work: _____</td> <td>Email: _____</td> </tr> </table> <p>***By listing additional emergency contacts - these people will also have permission to pick up child.</p>	1. Name _____	Relationship: _____	Cell: _____	Work: _____	Email: _____	2. Name _____	Relationship: _____	Cell: _____	Work: _____	Email: _____	3. Name _____	Relationship: _____	Cell: _____	Work: _____	Email: _____	4. Name _____	Relationship: _____	Cell: _____	Work: _____	Email: _____	5. Name _____	Relationship: _____	Cell: _____	Work: _____	Email: _____	6. Name _____	Relationship: _____	Cell: _____	Work: _____	Email: _____	1. Name _____	Relationship: _____	Cell: _____	Work: _____	Email: _____	2. Name _____	Relationship: _____	Cell: _____	Work: _____	Email: _____	3. Name _____	Relationship: _____	Cell: _____	Work: _____	Email: _____	<p>CHILD LIVES WITH:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;"><input type="checkbox"/> Both parents</td> <td style="width:50%;"><input type="checkbox"/> father</td> </tr> <tr> <td><input type="checkbox"/> half time with each parent**</td> <td><input type="checkbox"/> father and step-parent</td> </tr> <tr> <td><input type="checkbox"/> mother</td> <td><input type="checkbox"/> foster parent(s)/Guardian</td> </tr> <tr> <td><input type="checkbox"/> mother and step-parent</td> <td><input type="checkbox"/> Grandparent(s)</td> </tr> </table> <p>Is there shared custody? ** Yes _____ No _____</p>	<input type="checkbox"/> Both parents	<input type="checkbox"/> father	<input type="checkbox"/> half time with each parent**	<input type="checkbox"/> father and step-parent	<input type="checkbox"/> mother	<input type="checkbox"/> foster parent(s)/Guardian	<input type="checkbox"/> mother and step-parent	<input type="checkbox"/> Grandparent(s)
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PERMISSIONS & ADDITIONAL INFORMATION:

Please see the Health Survey form to list medications & conditions for your student.

1. Is there any joint custody or parenting plan in effect?
Yes _____ No _____ If yes, plan must be on file with school for enforcement.
2. Please list all names of people with legal custody in this issue and fill out secondary household info **: _____
3. Has your child ever qualified or been enrolled in a Special Education Program? Yes No
4. Has your child ever qualified for or received TITLE I Services? Yes No
5. Newsletter Mailing check this box to receive the school newsletter by mail (*email will be used if unchecked*)
6. During the year there are times when newspapers and television networks visit our schools. Are you willing to allow your child to participate in photos and to have his/her name mentioned in the article and or on the internet? Yes _____ No _____
7. Are you willing to allow your child to take part in field trips conducted by the teachers at RSU34? Yes _____ No _____

I hereby verify, to the best of my knowledge, that all of the information on this form is true and correct.

_____ Date	_____ Relationship to Student	_____ Signature
---------------	----------------------------------	--------------------

Student Name: _____

****PLEASE COMPLETE SECTION BELOW ONLY IF STUDENT LIVES IN MULTIPLE HOUSEHOLDS****

SECONDARY HOUSEHOLD INFORMATION:

Does student live at this residence 50% or more during the school year? _____ yes _____ no

Phone number: _____

PHYSICAL ADDRESS:

City: _____ State _____ Zip _____

WHOM SHOULD RECEIVE MAILINGS: _____

(name and relationship)

MAILING ADDRESS:

City: _____ State _____ Zip _____

SECONDARY HOUSEHOLD MEMBERS (*not including student*):

- | | | | | |
|---------------|---------------------|-------------|-------------|--------------|
| 1. Name _____ | Relationship: _____ | Cell: _____ | Work: _____ | Email: _____ |
| 2. Name _____ | Relationship: _____ | Cell: _____ | Work: _____ | Email: _____ |
| 3. Name _____ | Relationship: _____ | Cell: _____ | Work: _____ | Email: _____ |

(please print clearly)

(mother, father, stepfather, sibling, etc)

(list additional members on separate sheet)

****Household members listed above will be emergency contact unless otherwise advised. List additional non-household emergency contacts below**

EMERGENCY CONTACT INFORMATION (*other than those listed in the Primary Household*)

- | | | | | |
|---------------|---------------------|-------------|-------------|--------------|
| 1. Name _____ | Relationship: _____ | Cell: _____ | Work: _____ | Email: _____ |
| 2. Name _____ | Relationship: _____ | Cell: _____ | Work: _____ | Email: _____ |
| 3. Name _____ | Relationship: _____ | Cell: _____ | Work: _____ | Email: _____ |

ADDITIONAL CONCERNS OR COMMENTS:

Does your child receive Special Education Services? ____yes ____no ____unsure
If **yes or unsure**, please complete the section below.

RSU #34
Alton, Bradley and Old Town
Special Education Department

TRANSFER NOTICE

In order for the RSU #34 to provide an appropriate placement and continuity in your child's special education program, we require your signature enabling us to place your child in a similar program from which he/she was transferred. Your child's current IEP will be implemented until an IEP meeting can be convened or the IEP is accepted from the previous school.

Upon receipt of the educational records from the school your child previously attended, we may schedule an IEP meeting to review your child's program and determine whether any revisions or changes need to be made.

Please complete the information requested below and sign the consent to continue a similar special education program for your child.

Student Name: _____ **DOB:** _____
School Transferring From: _____ **Grade:** _____
Parent(s) Name: _____ **Phone:** _____
Address: _____ **Mailing:** _____
Physical: _____

Previous Special Education Program: 504 IEP **Disability** _____
Previous Services: **Speech/Language Therapy** **Occupational Therapy** **Physical Therapy**
 Self-Contained (Majority of Programming from a Special Education Teachers)
 Academic Support: Reading Math Writing Spelling

Previous School **School** **Attended:** _____
Previous School **Address:** _____
Previous School **Phone** **Number:** _____

Additional Comments/Information: _____

Parent(s) Signature: _____ **Date:** _____

Additional information: _____

For office use only: This child needs does not need to continue Special Education Services

Special Education Teacher Signature: _____ **Date:** _____

Please give a copy of this signed form to Guidance Department Head



Regional School Unit #34
Alton – Bradley – Old Town
DAVID A. WALKER, SUPERINTENDENT

To whom it may concern:

Please forward the records for the student(s) listed below to the following school (s). Thank you.

School Name: _____ Phone: _____

Mailing Address: _____

Sincerely,
Angela Porter ~ RSU #34 Enrollment Coordinator
angela.porter@rsu34.org
 207-827-7171 x4

Date _____

This is to certify that I, _____, the parent/legal guardian of the child/children listed below request the release of the school records for purpose of academic placement.

 Former school attended

 Phone Number

 Address with City, State & Zip Code

 Fax number

Child's Name	Grade	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Such school records include but not limited to:

- | | |
|--|---|
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Intelligence/aptitude test scores |
| <input type="checkbox"/> Grades to Date (if letter grades are used, please include numerical equivalent) | <input type="checkbox"/> Current IEP (if necessary) |
| <input type="checkbox"/> Grades of last completed quarter (for purpose of determining athletic/extra-curricular participation) | <input type="checkbox"/> Health , Psychological and other records |

The person signing this release shall hold harmless any school officials who make personal comments about the student if such remarks are called for in the request. Parental/legal guardian privileges and obligations under the Family Educational Rights and Privacy Act are:

1. Notification of transfer
2. If desired a copy of records may be obtained with cost of copying provided by parent/legal guardian.
3. An opportunity for a hearing to challenge the content of the records is provided.

I have been informed and understand my rights regarding the transfer of pupil records.

Signature _____ Address _____

Regional School Unit #34 Health Survey

Dear Parent/Guardian:

This is a required form. Even if your child has no health needs please fill out all items & sign on the back! Please help us to provide your child with a healthy school experience by completing this confidential survey. Information will be shared only on a need to know basis.

Thank you,
RSU #34 School Nurses

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

*Does your child have an Epi Pen? Yes No - **if no, answer question below**

***If your child does NOT have an Epi Pen, in the event of an anaphylactic (life-threatening allergic reaction) emergency do you give permission for school staff to use a district supplied Epi Pen? Please choose one: Yes No**

Allergies and allergic symptoms (use n/a for none):

Food: _____

Medication: _____

Environmental: _____

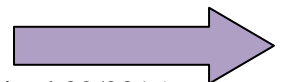
Doctor: _____ Doctor's Phone Number: _____

Insurance Carrier: _____

Medical History: Check Yes or No. If yes, explain in the space provided.

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
ADHD/ADD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Mental Health Diagnosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Heart Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Activity Restrictions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Frequent ear infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Hearing Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Vision Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Seizure Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Surgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

- Continued on Reverse Side -



**Regional School Unit #34
Health Survey**

***Medications - list all medications taken at home or at school, also those taken occasionally, such as inhalers or nebulizers:**

Check here for None

1. Name of Medication: _____
Reason for Mediation: _____
Dosage: (example – 10mg) _____
Time(s) Taken: (example – twice per day, 7am & 7pm) _____

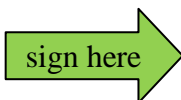
2. Name of Medication: _____
Reason for Mediation: _____
Dosage: (example – 10mg) _____
Time(s) Taken: (example – twice per day, 7am & 7pm) _____

3. Name of Medication: _____
Reason for Mediation: _____
Dosage: (example – 10mg) _____
Time(s) Taken: (example – twice per day, 7am & 7pm) _____

4. Name of Medication: _____
Reason for Mediation: _____
Dosage: (example – 10mg) _____
Time(s) Taken: (example – twice per day, 7am & 7pm) _____

5. Name of Medication: _____
Reason for Mediation: _____
Dosage: (example – 10mg) _____
Time(s) Taken: (example – twice per day, 7am & 7pm) _____

Is there anything else we should know or you would like us to know about your child:



Parent/Guardian Signature: _____
Date: _____

JOHN T. CYR & SONS, Inc.
Cyr Bus Lines

160 Gilman Falls Avenue

P.O. Box 368

Old Town, Maine 04468

827-2335 827-5286

Toll Free in Maine 1-800-244-2335

Fax: 207-827-6763

Welcome to School!

RSU #34 and John T. Cyr and Sons

Providing Transportation for the future!

DEAR PARENTS: In an effort to avoid confusion for your child/children, John T. Cyr and Sons along with the RSU #34 schools wish to know where your child/children are going after school. The information you provide will assist the school and our driver in assuring that your child/children are delivered to the place they belong. PLEASE PRINT!

Child's Name: _____

Parent's Name: _____

Physical Address: _____

Mailing Address: _____ **Phone**

No. _____ **Emergency No.** _____

Brief Description of your home, location, and any other helpful information to locate your home:

If your child is going to a different location, please provide the following information:

Daycare or Sitter's Name: _____

Physical Address: _____

Phone No: _____

Brief description of daycare, location, and any other helpful information to locate the daycare:

HOME LANGUAGE SURVEY

Regional School Unit #34 ~ Old Town, Alton & Bradley

Date_____

Student's Name_

School_____

Grade_____

Please do not leave any question unanswered.

1. What language did your child FIRST speak?

2. What language do you MOST OFTEN use when speaking to your child at home?

3. What language does your child MOST OFTEN speak at home?

4. What language does your child MOST OFTEN speak outside the home?

TO THE TEACHER:

Have you observed this student use a language other than English? ____Yes ____No

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

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 incoming new students (Pre-Kindergarten through Grade 12). 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 teacher promptly.

You may be assured that the information that you provide in the questionnaire will be used only to assist 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 will have access to this information.

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,

Nancy Mullins

Elementary and Secondary Education Act, Title III

(Language Instruction for Limited English Proficient and Immigrant Students)



Maine Migrant Education Program

School Survey 2018-2019

School Name _____ School District: _____

The following information is confidential and for Maine Migrant Education screening purposes only
PLEASE FILL OUT COMPLETELY

Have your children moved with you across school district lines in the last 3 years?

Yes No

Did you or another person in your home work in agricultural or fishing in the past three (3) years?

Yes No

If yes, please circle all that apply:



Feed Cattle,
Processing,
Packing



Dairy



Eggs



Harvest
Blueberries



Cultivation,
soil preparation



Fishing,
Fish Processing



Lobstering



Harvest (fruit
and vegetables)



Milling,
Cotton



Trees
Planting, Cutting



Greenhouse,
Nursery, Sod



Harvest Potatoes



Picking Apples

Parent/Guardian Name: _____ Phone: _____

Street Address: _____ City: _____

Please list children below:

First Name	Last Name	Grade	Date of Birth

Parent's/Guardian's signature: _____

Date: _____

Please return this form to one of your child's teacher, or to the central office of your school.
If you have any questions about the purpose of this form, please call 207-624-6722. Thank you!
SCHOOL STAFF: MAIL US THIS FORM IF QUESTIONS 1 & 2 SAY 'YES':

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

David Fisk, State Director
David.Fisk@maine.gov

form updated Jan 2016

RSU # 34 Old Town, Alton, Bradley
McKinney-Vento Eligibility Form

Student Name: _____

Grade: _____ School: _____

1. Are you living in any of the following situations:

- sharing housing with relative or others due to lack of housing
- in a shelter or transitional living program
- in a motel, hotel, park or campground due to lack of adequate housing
- in a car or RV or in a public place (such as a bus station)
- in sub-standard housing, such as an abandoned building
- without a parent or guardian, or a teen (up to age 21) living independently
- awaiting foster care
- parents are migrant workers
- in other situations that are not fixed, regular or adequate for nighttime residence

If none of the above applies, check this box and STOP filing out this form.

2. If you answered "YES" to any of the above, please provide:

Your last address before you lost your fixed housing:

Physical address of where you are living now:

I verify the above information is true and accurate.

Signature

Relationship to Student

**AGREEMENT TO PUBLISH STUDENT INFORMATION ON THE
RSU # 34 SCHOOL DEPARTMENT WEB SITES/LOCAL MEDIA**

2018-19 School Year

The RSU #34 School Department maintains an official web site to provide general information about the school system as well as information about educational programs, extracurricular activities, school events, and student and staff achievements. At times the local media may wish to publish recognition and awards associated with the school that may contain demographic information about your child related to the event.

Maine law requires public schools to obtain written approval from parents/guardians prior to publishing personal information about students on the Internet and local media. This form will authorize the School Department to publish the following:

- A. Full names of students in connection with class rosters, honor rolls, awards received, and team/extracurricular activity participant lists.
- B. Group and/or individual photographs of students.
- C. Individual student or class work may be published on the School Department's web site from time to time in accordance with established guidelines. Such work may include creative writing, research projects, art work, music, performances, and audiovisual presentations. All student work will include a copyright notice prohibiting the copying of such work without express written permission. Copies of the Board's Web Site Policy and Guidelines are available at the Superintendent's office, every school office, or on the School Department's web site at www.rsu34.org.

This agreement will remain in effect for the entire school year unless it is rescinded in writing. If this form is signed and returned, no information about your child will be published on the School Department web site or in the Local Media. If you have any questions, please contact the IT Department at (207) 827-3929 or via email at RSU34helpdesk@rsu34.org.

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Parent/Guardian Agreement Request to Not
Publish Student Information on the RSU# 34 School Department Web site/Local Media

Name of Student: _____ Grade: _____ School: _____
Name of
Parent/Guardian: _____

I understand and agree that my child's name **will not** appear on the RSU# 34 School Department web site. I further understand and agree that photographs of my child and/or examples of my child's work **will not** be used on the web site or Local Media (BDN Penobscot Times, Curriculum Connections).

Parent/Guardian Signature

Date