

# Asa C. Adams School

Mrs. Kristin Briggs  
Principal

Hello and Welcome to Asa C. Adams Elementary School.

To register a student you will need:

**Birth Certificate.** Please make sure it is an official state document with a seal not a Certificate of Live Birth given at the hospital.

**Two (2) Forms of Residency.** This could be a bill, driver's license, rental agreement, or purchase of sale agreement. It must be current and have your name and Orono address.

**Immunization records.** You can have your doctor's office fax to Asa Adams at 866-3664 or make a copy to hand in with your packet.

Once packets are complete there are a couple of options to return them to the school.

- 1) Call the school at 866-2151 to make an appointment to drop off the packet.
- 2) Scan the documents and email the packet to [kcrane@rsu26.org](mailto:kcrane@rsu26.org)
- 3) Mail the documents to:  
Asa C.Adams School  
6 Goodridge Drive  
Orono, ME 04473

If you have any questions, please contact Kate Crane at 866-2151.

I look forward to meeting you and your student!

Kate

Orono Asa C. Adams School  
Pre-K & Kindergarten Registration

2022-2023 School Year

Orono Asa Adams Elementary School Schedules Pre-K & Kindergarten Registration

The Asa Adams School will be opening up registration for the 2022-2023 school year. Registration packets will be available on the Asa Adams website starting Tuesday, March 1, 2022. Parents/Guardians can print and fill out the registration packet and drop them off starting March 1 with a deadline of March 31. Packets can be returned to Asa or emailed to the office at [kcrane@rsu26.org](mailto:kcrane@rsu26.org).

On Thursday, March 17, we will hold an evening for families to come visit the school to pick up packets or return completed packets as well as tour the school. (Appointment needed) The tours will be scheduled from 3:30-6:00 in 20 minutes increments with a maximum of 4 families together at a time. Starting March 1, appointments for tours may be made by calling the Asa Adams School at **866-2151** between the hours of 9:00 a.m. and 3:30 p.m.

Children eligible for pre-kindergarten must be 4 years of age on or before October 15, 2022. Enrollment will be limited and students will be accepted on a first-come, first serve basis. There will be a morning and afternoon session lasting approximately 2-1/2 hours each. Bussing will be provided one way only for Pre-K children. Morning Pre-K students may be bussed to school, with parent pick-up at the end of class day and children who attend the afternoon session will need to be dropped off and may be bussed home at end of class day.

Children eligible for kindergarten must be 5 years of age on or before October 15, 2022. Kindergarten is a full day program.

A legal birth certificate, immunization record and 2 forms of residency verification are necessary in completing the registration forms.

RSU 26  
Registration Information  
**Asa C. Adams School**  
Orono, Maine

MEDMS # \_\_\_\_\_

Today's Date \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Student's Town of Residence: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Student's Street Address: \_\_\_\_\_

Student's Mailing Address (if different from street address): \_\_\_\_\_

Student Lives with (check all that apply):

- Parent 1 Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Parent 2 Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Legal Guardian Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- If the pupil lives in Orono with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.
- If a custodial parent/guardian wishes the Orono Schools to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.

**Parent/Guardian Certification of Residency**

I certify that I live with the student named above at the street address identified above. I understand that the RSU 26 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 Asa C. Adams School.

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

The United States Department of Education requests that we define all students as follows: (please check the appropriate race and ethnic categories)

**Choose race category/categories**

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

**Choose only one ethnic category**

- Hispanic     Non-Hispanic

(continue on reverse side)

**Birth Certificate/Immunization Records**

- ❑ Certified copy of student's birth certificate (required by 20-A M.R.S.A. 6002)
- ❑ Immunization records (signed statement from health provider specifying immunizations received, dates, and dosages). Immunization is required for poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, measles, mumps and rubella. (20-A M.R.S.A. 6352-6359 and Chapter 126 of the Maine Department of Education Rules).

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

- ❑ Parent/legal guardian provides written assurance that the child will be immunized within 90 days of this application
- ❑ Parent/legal guardian provides a written statement from a physician that immunization against one or more diseases may be medically inadvisable (required each year)
- ❑ Parent/legal guardian provides written statement that immunization is contrary to their sincere religious belief or that he/she opposes immunization for philosophical reasons (required each year).

Has this student received special education services? Yes  No

Is this student receiving any medication? Yes  No

Other information which you feel would be useful to the school:

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To the best of my knowledge I believe all of the above is true

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

**Regional School Unit #26  
Verification of Residency**

This certification form is required as part of the registration process for all students.  
Two forms of proof of residency will be required.

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Initial

Residence: \_\_\_\_\_  
House # Street Town Zip Code

Check here if student is homeless or living in a shelter

Date of Birth \_\_\_\_\_  
Month/Day/Year example: 01/22/2002

I understand that a minor student is eligible to attend RSU #26 School(s) if his or her parent or guardian with legal custody resides in Orono or in an approved tuition town, and child resides more than 50% of the time with me.

**I hereby certify that I reside in Orono or have one of the applicable financial arrangements:** Indicate one of the following if applicable:

- Tuition
- International
- Supt. Agreement

Please check relationship to student below:

- Parent
- Legal Guardian
- Other Relationship (specify) \_\_\_\_\_

I agree to notify school authorities of any change of address without delay.

Signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_  
Date Month Year

\_\_\_\_\_  
Print Name Signature

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**Below for Official School Use Only**

Types of residency proof required. Please check two

- Maine driver's license# \_\_\_\_\_
- Utility receipt dated \_\_\_\_\_
- Real estate tax bill dated \_\_\_\_\_
- Rental lease dated \_\_\_\_\_
- Excise tax receipt dated \_\_\_\_\_
- Other documentation \_\_\_\_\_
- Primary residence \_\_\_\_\_ (please attach a copy of document)
- Change of address from post office date \_\_\_\_\_

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

\_\_\_\_\_  
RSU 26 School staff person accepting proof of residency

**Health History for Enrollment**  
Asa C. Adams School  
Orono, Maine

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Immunizations**

The State requires proof of the following immunization for school entry:  
5 DPT, 4 Polio, 2 MMR, 1 Varicella / proof of chicken pox.

copy attached \_\_\_\_\_ in compliance \_\_\_\_\_

**Allergies**

Food \_\_\_\_\_  
Medication \_\_\_\_\_  
Insects \_\_\_\_\_  
Other \_\_\_\_\_

Is child required to have epinephrine on hand? yes \_\_\_\_\_ no \_\_\_\_\_  
\*If yes, nurse must be contacted @866-2151 before school entry.

Chronic or Life Threatening illnesses? yes \_\_\_\_\_ no \_\_\_\_\_  
\*If yes, nurse must be contacted @866-2151 before school entry.

Does your child take medication? yes \_\_\_\_\_ no \_\_\_\_\_  
Name of Medication \_\_\_\_\_

Does your child wear eyeglasses? yes \_\_\_\_\_ no \_\_\_\_\_

Does your child have hearing difficulty/concerns? yes \_\_\_\_\_ no \_\_\_\_\_

Is your child covered by health insurance? yes \_\_\_\_\_ no \_\_\_\_\_

Were there any problems in your pregnancy, labor and/or delivery?

Is there anything more about this child's health that you think is important for us to know?

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Asa C. Adams School**

**Personal Data Sheet**

**Teacher** \_\_\_\_\_

**Year** \_\_\_\_\_

Student Name: \_\_\_\_\_ Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_  
(Birth Certificate) Last First Middle Bus Student: Yes \_\_\_\_\_ No \_\_\_\_\_

Address (Street & Number) Town: Zip: \_\_\_\_\_

Mailing Address: (If different than above) \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medical Problem or Restriction: \_\_\_\_\_

If your child is sick or injured and you cannot be reached, who do you wish us to contact and release your child to?

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Emergency Medical Treatment Release**

In case of an accident or illness, I request the school contact me. In the event that the school is unable to reach me, I hereby authorize the school to make whatever arrangements seem necessary in taking care of my child. I understand this may include being transported to the hospital.

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

# Regional School Unit #26

Asa C. Adams School - Orono Middle School - Orono High School

10 Goodridge Drive, Orono, Maine 04473

Tel: (207) 866-7110

Fax: (207) 886-4217

Dear Parent/Guardian,

Are **one** or **both** of this student's parents on full-time duty in the active uniformed services of the United States (including members of the National Guard and Reserve on active duty orders), or within one year of medical discharge or retirement from those uniformed services?

Please Circle One:

YES

or

NO

Your Child's Name: \_\_\_\_\_



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 2022-2023















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) 557-1787. Thank you!**

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

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

Amelia Lyons, State Director  
amelia.lyons@maine.gov  
(207) 557-1787

*form updated May 2021*

# Asa C. Adams Pre-K Program Student Application

Child's Name: \_\_\_\_\_

Please check time preference:

(Indicating a preference does not guarantee placement in that session.)

8:30-11:00 \_\_\_\_\_ 12:30-3:00 \_\_\_\_\_ No preference \_\_\_\_\_

Please tell us about any special circumstances that you would like us to know as we make session placements.

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Does your child receive additional early intervention services? (speech therapy, occupational therapy, developmental therapy, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child receive these services through Child Development Services (CDS)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate what kind of services your child receives.

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Does your child currently attend a preschool or daycare program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Where? \_\_\_\_\_

Application packets must be completed in order to be considered for placement.

Bus service will be provided one way only for Pre-K children.

Parents will be responsible for transporting their child home from the morning session and to school for the afternoon session.



**CDS Central Referral Contact Information**  
 P: 877-770-8883  
 F: (207) 624-6661  
 W: <http://www.maine.gov/doe/cds/families/referrals>

**Child Find Intake Form**

\*Today's Date:

<b>Child Information</b> (*required information)	
*Name	
*Date of Birth	Age Today
*Street Address	
*City, State, Zip	
*County	
*Gender	
*Child lives with	(relationship)
Language spoken at home	
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this child attend childcare/preschool? <input checked="" type="radio"/> Yes <input type="radio"/> No	
School name	# days/wk
Are any other agencies working with this child/family? <input checked="" type="radio"/> Yes <input type="radio"/> No	
If so, please list:	

<b>Primary Healthcare Provider</b>	
Physician's Name	
Practice Name	
Phone	Fax

<b>Referral Information</b> (*required information)	
Referral Source Name	
Referral Source Agency <i>Asa Adams School</i>	
Phone <i>866-2151</i>	Fax <i>866-3664</i>
Email	
*Relationship to the Child	
*How do you hear about CDS?	
*Reason for Referral	
Diagnosis	
Explanation of Concern(s)	

<b>Parent or Guardian Contact Information</b> (*required information)	
This information is for the person(s) with whom the child resides.	
*Parent/Guardian #1 Name	
Relationship to the Child	
<input type="checkbox"/> Mailing address is the same address as the Child	
Mailing Address	
City, State, Zip	
Preferred Phone	Phone type
Other Phone	
Email	
Parent/Guardian #2 Name	
Relationship to the Child	
<input type="checkbox"/> Mailing address is the same address as the Child	
Mailing Address	
City, State, Zip	
Preferred Phone	Phone type
Other Phone	
Email	

<b>Parent Restriction of Rights</b>	
<input type="checkbox"/> Mother is Restricted	
Reason Right Restricted:	
<input type="checkbox"/> Father is Restricted	
Reason Right Restricted:	

<b>For CDS Use</b>	
Referral Date	
Received by	
CDS Regional Site	
Child ID#	
Program	<input type="checkbox"/> Early Intervention <input type="checkbox"/> Transition <input type="checkbox"/> ECSE