



WELLS-OGUNQUIT COMMUNITY SCHOOL DISTRICT

1460 Post Road, Wells, Maine 04090

TEL (207) 646-8331 * FAX (207) 646-4236 * TDD (207) 646-7892

* www.k12wocsd.net

Student Enrollment Application

The following information and certifications are required before a transfer student will be considered for admittance to the Wells-Ogunquit Community School District schools.

Student's full legal name: _____

Date of birth: _____

Student's residence in Wells or Ogunquit (physical address): _____

Student's mailing address: _____

Home telephone number: _____

Student lives with (check all that apply):

- Father – Daytime phone: _____
- Mother – Daytime phone: _____
- Legal Guardian – Daytime phone: _____

- If the student lives in Wells or Ogunquit 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 Wells-Ogunquit C.S.D. to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.
- If the student is an emancipated minor, a certified copy of the court order must be attached.
- Other living arrangements: _____

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 Wells-Ogunquit C.S.D. requires proof of residency and that I have the burden of proof regarding residency. Proof of residency may include: 1) utility bills, 2) lease/mortgage payment book, 3) driver's license, 4) voter registration card. If this residency information changes, I agree to bring it to the immediate attention of the Wells-Ogunquit C.S.D.

Date: _____ Signature: _____

Print Name: _____

Student Education/Disciplinary Records from Previous School

Name of school from which student is transferring:

Address and telephone number: _____

Name of former 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 to any of these questions is "yes", please attach a written statement explaining the circumstances.

The applicant is hereby notified that the Wells-Ogunquit Community School District, in accordance with 20-A M.R.S.A. § 6001-B, shall request all of the student's education and disciplinary records from the previous school. The Wells-Ogunquit Community School District 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 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 the Wells-Ogunquit Community School District 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 the Wells-Ogunquit Community School District 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.

Immunization Records

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, rubella and varicella (chicken pox). (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 child will be immunized within 90 days of this application **(this option is only available once in the student's school years)**; OR
 - Parent/legal guardian provides a written statement from a physician that immunization against one or more diseases may be medically inadvisable **(required each year)**; OR
 - Parent/legal guardian provides written statement that immunization is contrary to their religious, moral or philosophical beliefs, or other personal reason **(required each year)**; OR
 - Parent/legal guardian provides written consent for the child's immunization by a public health officer, physician, nurse or other authorized person in the employ, or acting as an agent of the school, where such immunization programs are in effect.

**NOTICE TO
HOMELESS STUDENTS**

Homeless students are eligible to enroll in school even if unable to provide proof of residency or certain education and immunization records.

Homeless students include students who lack a fixed, regular, and adequate nighttime residence and include a child or youth:

- who is sharing the housings of other persons due to loss of housing or economic hardship or a similar reason; is living in a motel, hotel, trailer park or camping ground due to the lack of alternative adequate accommodation; is living in an emergency or transitional shelter; is abandoned in a hospital; or is awaiting foster care placement,
- who is living in a car, park or public space or in an abandoned building, substandard housing, bus or train station or similar setting;
- who has a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; or
- who is a migratory child who qualifies as homeless because the child is living in circumstances as described above.

If you believe that you or your child is homeless, please inform the person registering you or the Homeless Child & Youth Liaison.

Wells-Ogunquit C.S.D.
LIASON FOR HOMELESS CHILDREN AND YOUTH
Stacey Schatzabel, Director of Instruction and Special Services
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Wells, ME 04090
207-646-8331