

**BIDDEFORD SCHOOL DEPARTMENT
APPLICATION FOR ENROLLMENT IN BIDDEFORD SCHOOLS**

Student Education/Disciplinary Records from Previous School

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currently subject to expulsion or suspension from the school from which he/she is transferring OR has the student withdrawn from the school before an expulsion hearing or suspension?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 the Biddeford School District 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 Biddeford 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. The Biddeford 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 the Biddeford 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 provided 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 or students who do not present proof of immunization 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).
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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 Biddeford 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 Biddeford School Department.

Print Name Signature Date

Parent/Guardian Certification of Guardianship

I certify that I am the parent or legal guardian for the student identified. I understand that the Biddeford School Department reserves the right to require proof of guardianship. If this guardianship information changes, I agree to bring it to the immediate attention of the Biddeford School Department.

Print Name Signature Date

FOR HIGH SCHOOL GUIDANCE USE ONLY

Student ID #: _____ Transcript Sent: _____ Transcript Received: _____