CAMDEN HILLS REGIONAL HIGH SCHOOL

25 Keelson Drive, Rockport, ME 04856•Telephone (207) 236-7800• Fax (207) 236-7813

School Counseling Department

Jeremy D. Marks, Counseling Director Johanna Billington, Counselor Colin Malone, Counselor Piet Lammert, Counselor Allison Pringle-Bennett, Social Worker



Jess Hoppin, Registrar Ellen Dowd, Admin. Assistant Katie Cronin, Social Worker Will Russell, Interventionist

Five Town CSD/Camden Hills Regional High School Application for Transfer Enrollment

The following information and certifications are required before a transfer student will be considered for admittance to Camden Hills Regional High School:

Student's Street Addr	ess:	Date of Birth:				
Student's Mailing Add Home Telephone Num	dress: iber:	Student's Email:				
Preferred Method of C			□ phone	□ USPS		
Student lives with (check all that apply):						
Parent One	Daytime Phone:		Email:			
Parent Two	Daytime Phone:		Email:			
Legal Guardian	Daytime Phone:		Email:			
Are you presently a homeless or unaccompanied youth? (check if applicable)						
hardship, or a similar reason; those living in motels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; those living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. This designation also applies to youth who live in a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings, youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. "Unaccompanied youth" describes youth not in the physical custody of a parent or guardian.						
Check any that apply: If a student resides in Appleton, Camden, Hope, Lincolnville or Rockport with a legal guardian who is <i>not</i> a parent, a copy of the court order appointing the guardian or a certified letter from an attorney stating that the necessary documentation has been submitted <i>must be attached</i> .						
If a custodial parent/guardian wishes for CHRHS to comply with provisions of a court order restricting access to a child, a certified copy of the court order <i>must be attached</i> .						
If a student is an emancipated minor, a certified copy of the court order <i>must be attached</i> .						
Parent/Guardian Certification of Residency						
I certify that I am the parent or legal guardian and live with the above named student at the street address identified above; during the week throughout the school year the student has his/her meals and sleeps at this address. I understand that CHRHS reserves the right to require proof of residency and that I maintain the burden of proof. If residency information changes, I agree to bring it to the immediate attention of CHRHS.						
Date: Sig	gnature:		_ Printed Name	e:		

SENDING SCHOOL INFORMATION

Name of Previous School:			
Did the student receive an	y of the following services? Special Education	Yes	No
	Section 504 Accommodations		Ĭ
	Title 1A		
D 04 011 1		T 7	N
Do any of the following apply?		Yes	No
Has the student been expelled from the previous school?			
•	aded from the previous school?	_	
	om the school before an expulsion hearing?		
Did the student withdraw from school before a suspension began?			
If the answer to any of the circumstances.	four questions above is "yes", please attach	a writt	en explanation of the
educational records (which in	tutes (20-A M.R.S.A. 6001-B), the applicant is cludes disciplinary, health and special education or written report from the previous school reg	record	s) be forwarded by the sending school.
	nded, expelled, or withdrew from school before may deny admission until the school administrate met."		
	oll at CHRHS pending receipt of education and antil the Superintendent has made a determination		
Immunization Records			
M.R.S.A. 6352-5395 and Cenrollment. Immunization is	calth provider specifying immunizations received thapter 126 of Maine Department of Educate required for poliomyelitis, diphtheria, pertussis pox). Five Town CSD Policy allows for the forthat apply:	ition ru (whooj	ules) as part of this application for ping cough), tetanus, measles, mumps,
enrollment in school or first a	vide to the school written documentation that the tendance in classes, whichever date is earlier. The from one school to another within the state	he gran	ating of this 90 day period is a one-time
	ovide a physician's written statement each year the (as defined by law/regulation); or	nat imm	unizations against one or more diseases
The parents/guardians stabeliefs.	te in writing each year that immunization is con	itrary to	their sincere religious or philosophical