

**MECDHH &
Governor Baxter School for the Deaf
1 Mackworth Island
Falmouth, ME 04105
207-781-3165 – v/tty**

STUDENT INFORMATION 10-11 School Year

Student's Name

*Last Name: _____ *First Name: _____

*Full Middle Name (**not initial – requirement of Dept. of Educ.**): _____

Social Security Number (**additional requirement**): _____

*Birthdate: _____

Is the individual Hispanic/Latino? (Choose one): No Yes

*Address: _____

Is the individual from one or more of the following races?
(Choose at least one):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Father/Guardian Name: _____

*Phone (w): _____

Address: _____

Phone (h): _____

Cell: _____

Email Address: _____

Mother/Guardian Name: _____

Phone (w): _____

Address: _____

Phone (h): _____

Cell: _____

Email Address: _____

IN AN EMERGENCY, PLEASE CALL:

1. Name: _____ 1st Phone: _____

Relationship to Student: _____ 2nd Phone: _____

2. Name: _____ 1st Phone: _____

Relationship to Student: _____ 2nd Phone: _____

CONSENT INFORMATION

1. GBSD has permission to release my child's full name, sign name, age and/or photograph in:

a.) administration-approved publications (i.e. yearbook, newsletters, etc.) Yes___ No___

b.) Friends School of Maine Publications Yes___ No___

c.) Real School of Windham Publications Yes___No___

d.) the media incl. TV, newspapers, (sports, awards, special events,
and general coverage. Yes___ No___

e.) MECDHH/GBSD's website Yes___No___

2. MECDHH/GBSD has permission to transport my child on educational field
trips as part of the school/transition/residential program.
(parents will be notified prior to the specific off-island trip) Yes___No___

3. GBSD has my permission to transport my child on school-sponsored
overnight trips for sports or educational purposes. I understand that
these trips will be supervised by teacher and/or residential advisors.
Parent permission will be sought for each of these events. Yes ___No___

4. MECDHH/GBSD has my permission to release all names, phone numbers and
addresses among GBSD students/families upon personal request of
other parents. Yes ___ No___

Under the No Child Left Behind Act:

I am aware that I may request the documentation that my child's teacher
is highly qualified according to Maine HOUSSE Rubrics. Yes ___No ___

(For access to this information call 781-6244 and ask for "Certification
Steering Committee Chair" or <http://www.maine.gov/education/hqtp/index.htm>)

I am aware that the Family Educational Rights & Privacy Act aka FERPA may be
accessed through <http://www.maine.gov/education> or receive a copy by calling
(800) 877-8339(tty) or (207)781-6244 voice/tty.* Yes ___No ___

I am aware of the selection requirements for GBSD students to receive services under NCLB Title
(see enclosure entitled, "NCLB Title I Selection Criteria") Yes___No___

If there is specific information about your child you do not want to be released, please explain below:

*For further details, Directory Information can be found:

- in the student handbook which students will receive during the first week of school
- by calling 800-877-8339(tty) or;
- online <http://www.maine.gov/education> , type "directory information" in "search Maine.gov" then click on "FERPA"

Signature of Parent/Guardian

Date