

Maine School of Science and Mathematics

A Residential Community of Academic Excellence

Check List

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AUTOMOBILE PERMISSION

Because the MSSM provides all required transportation, it is not necessary for a student to bring a car to campus. Even so, a family may decide to allow their student to bring a car. In this case, it is essential that all parties understand that automobiles on campus are a privilege and not a right. The purpose of this privilege is to facilitate trips home at the start of extended weekends and breaks. Written parent/legal guardian permission is required.

When a student arrives on campus with a personal vehicle, he/she must park the vehicle in the assigned area, and report directly to the residence hall desk to turn in all keys to the vehicle. When a student leaves the MSSM campus in his/her vehicle, he/she must check out his/her keys and sign-out at the Residential Life Office.

Students are not allowed to drive any vehicle while school is in session.

MSSM students are allowed to provide transportation to other MSSM students for breaks. In order to do so, both the driver and the passenger(s) must have written parent/legal guardian permission. This is the only time the MSSM allows a student to ride with a non-immediate family member under the age of 21.

Failure to abide by these regulations could result in loss or suspension of these privileges. A student who uses his/her vehicle while on a Vehicle Restriction will have to take the vehicle home for the remainder of the academic year.

Car Make/Model

Color

License Plate Number

Please check one of the following:

- We give permission for our son/daughter to have the following MSSM students as passengers in his/her car for the sole purpose of transportation to and from school for extended weekends and breaks:***

Passenger's Name (please print)

Passenger's Name (please print)

Passenger's Name (please print)

Passenger's Name (please print)

NOTE: Passengers must also have WRITTEN parental/legal guardian permission on file in order to ride with the driver whose name is designated on this form.

- We do not give permission for our son/daughter to take passengers while driving to and from school.***

We have carefully read and fully understand the school's policies and regulations relative to automobile use as described above and in the MSSM Student/Parent Handbook. We agree to abide by these policies, specifically the policies pertaining to written permission and to other students riding in our son's/daughter's car.

Student Signature

Date

Parent/Legal Guardian Signature

Date

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BLANKET PERMISSION TO RIDE IN CARS WITH FAMILY/FRIENDS

Student Name (please print)

Names of parents/legal guardians do not have to be listed. School policy dictates that non-immediate family members and family friends must be over the age of 21 in order to transport MSSM students.

I give permission for my son/daughter to ride with the following family members and/or family friends.

Name

Relationship to Student

Name

Relationship to Student

Name

Relationship to Student

Name

Relationship to Student

Name

Relationship to Student

Parent/Legal Guardian Signature

Date

Note: Written additions and/or deletions to this form will be accepted at any time during the school year.

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COMMUNITY DIRECTORY RELEASE FORM

MSSM creates a directory each year that is distributed to MSSM students and their families. It is used to communicate within the MSSM community. Participation in this directory is completely voluntary.

By signing below, you are agreeing to let each of the following pieces of information be included in this public document:

- Student name
- Parent/Legal guardian name(s)
- Home address
- Home telephone number
- Parent/Legal guardian e-mail address

Student Name (please print)

Parent/Legal Guardian Name (please print)

Student Signature

Parent/Legal Guardian Signature

Date

Date

If you **DO NOT** wish to participate in this directory please indicate by signing below:

Student Name (please print)

Parent/Legal Guardian Name (please print)

Student Signature

Parent/Legal Guardian Signature

Date

Date

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GENERAL RELEASE FORM

Though the responsibility for student recruitment at the Maine School of Science and Mathematics (MSSM) falls largely to the MSSM Dean of Admissions, the school will only be able to truly flourish if the entire community is willing to do their part to assist in the process. One of the keys to the successful recruitment of new students is an active and visible marketing and publicity campaign. The more that we can do to make people aware of the activities and successes of the students and staff here at the MSSM, the easier it will be for our admissions staff to recruit students from across the State and even beyond. As such, we request that each student and family sign and return this release. Your cooperation in this matter will allow us greater flexibility in spreading the word about the outstanding opportunities and accomplishments here at the MSSM.

I hereby grant permission to authorize the Maine School of Science and Mathematics, acting in its general capacity, to use, license or assign the use of my appearance, likeness, or photograph (or other reproduction in still or motion picture), my voice (and reproductions thereof), and biographical material (including contact information) to publicize such appearance, and to do so with or without mention of my name in connection therewith.

Such use of my appearance, likeness, photograph, voice, reproduction, and biographical material is permitted for editorial, promotional, trade, business or educational purposes, except no use is permitted in testimonials or endorsement of product advertising. Such use may occur in any media form, including, but not limited to, newspapers, magazines, radio broadcasts, television broadcasts, cassette recordings, video recordings, emails, and internet publications.

I acknowledge that the Maine School of Science and Mathematics, as producer or publisher of such materials is the sole owner of all programs, photographs, recordings, tapes, documents, or other materials relating to my appearance and such permitted use.

I agree that I am not entitled to compensation of any kind, monetary or otherwise, on account of, or arising from, the production, publication, re-broadcasting, or other permitted use of such material.

I hereby release the Maine School of Science and Mathematics, its Trustees, officers, agents, and employees from all expenses, claims and liabilities incurred by me arising out of my appearance and the use of such material.

I agree to indemnify and hold harmless the Maine School of Science and Mathematics, its Trustees, officers, agents, and employees from any liability, loss or damage, including reasonable attorney's fees, arising out of, or caused by, any matter or material furnished or spoken by me in connection with my appearance.

This agreement shall be governed by the laws of the State of Maine.

Student Name (please print)

Parent/Legal Guardian Name (please print)

Student Signature

Parent/Legal Guardian Signature

Date

Date

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INTER-WING PARENT PERMISSION

Student Name _____
(Please print legibly)

Listed below is the guideline for visiting hours as published in the MSSM Student Handbook:

Friday and Saturday evenings from 7:00 to 10:00 are designated for Inter-Wing visitation. During these times, students may invite members of the opposite gender into their wings or rooms. This is a privilege that permits students to entertain and socialize in their rooms with other MSSM students of the opposite gender.

All inter-wing visitors must be with their host when signing in with the residential duty staff. Signing in with the residential duty staff is required.

Appropriate visiting areas are the hallways, lounges and personal rooms. Doors to personal rooms must be opened a full 90 degrees, at least one light of 60 watt or greater must be on within the rooms, and beds must be clearly visible from the door to give the duty staff the ability to easily monitor the activities within the room.

I give permission for my son/daughter to participate in the school's visiting hours.

I DO NOT give permission for my son/daughter to participate in the school's visiting hours.

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____ Date _____

.....

“Inter Wing” is a privilege given to students in good standing. It is an opportunity to meet and socialize with students of the other gender in the dorm rooms during specified evening hours.

As explained in the MSSM Student Handbook, students and their guests check in with the staff member on duty before proceeding to the host's room. When there is a guest in the student room, the door must be open at a 90-degree angle, the room must be appropriately illuminated and students need to be easily visible from the open door. On-duty Staff are aware of which rooms have guests. In the course of their duty, they maintain a presence in the hallway and monitor students to ensure they abide by the standards of inter-wing.

Prior to inter-wing being implemented, the residential staff will meet with all students to discuss the guidelines and standards of behavior, including what constitutes acceptable behavior during visiting hours, respect for roommates, and respect for other members of the community. Although the school's standards make it clear that intimate physical contact is not appropriate during inter-wing, some students do see this as a time for physical intimacy. Disciplinary responses are issued for violations of inter-wing policies and standards.

In view of concerns raised by parents whose level of comfort with inter-wing is varied, it is important to bring the matter to your attention. For this reason, we ask that you complete and return this form.

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RELEASE OF INFORMATION TO MILITARY RECRUITERS AND COLLEGES

Federal law, in the **No Child Left Behind Act**, requires secondary schools to provide student names, addresses and telephone numbers to both military recruiters and institutions of higher education, upon request. Parents and legal guardians of students, however, have the right to request that the school **not release such information without prior written parental consent**.

The purpose of this notice is to inform you of the new law and to provide you the opportunity to request that information about your child not be released to either military recruiters or institutions of higher education.

To prevent the release of information, you must inform the Maine School of Science and Mathematics (MSSM) by checking the boxes below NOT to release information without prior written consent. If you do not inform us otherwise, we will be required by federal law to disclose your child's name, address and telephone numbers to military recruiters and institutions of higher education that request this information.

Parent/Guardian Request:

I am the parent or legal guardian of _____

who is a student at the Maine School of Science and Mathematics. Please adhere to the following regarding the release of my child's name, address or telephone number:

Military Recruiters:

- DO NOT** release information without prior written consent
- OK** to release information

Institutes of Higher Education:

- DO NOT** release information without prior written consent
- OK** to release information

Please indicate by placing a check mark or an by your selection above. Thank you.

Parent/Legal Guardian Signature

Date

Please return this form to MSSM by mail:

95 High Street
Limestone, ME 04750

If you have any questions, please feel free to contact the MSSM at (207) 325-3303 X1000

*95 High Street, Limestone, ME 04750 Tel: 1.207.325.3303 ~ Fax: 1.207.325.3340 ~
MSSMResLife@gmail.com*

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HOME LANGUAGE SURVEY

Please complete and return this survey by mail or fax:

MSSM Admissions, 95 High Street, Limestone, ME 04750 • FAX: 207-325-3340

Student Name: _____

Date: _____

- What language do you MOST OFTEN use when speaking with your child?

(Check appropriate box)

- | | |
|-------------------------------------------|----------------------------------------------------|
| 1. <input type="checkbox"/> English | 6. <input type="checkbox"/> Khmer |
| 2. <input type="checkbox"/> French | 7. <input type="checkbox"/> Spanish |
| 3. <input type="checkbox"/> Passamaquoddy | 8. <input type="checkbox"/> American Sign Language |
| 4. <input type="checkbox"/> Vietnamese | 9. <input type="checkbox"/> Somali |
| 5. <input type="checkbox"/> Arabic | 10. <input type="checkbox"/> Other (specify) _____ |

- What language did your child FIRST learn to speak?

(Enter number from list above) _____

- What language does your child MOST OFTEN use when speaking to brothers, sisters?

(Enter number from list above) _____

- What language does your child MOST OFTEN use when speaking to you and other adults in the home? (Grandparents, aunts, uncles, guests)

(Enter number from list above) _____

This survey, approved by the U.S. Office for Civil Rights, is available in the following languages at <http://www.maine.gov/education/esl/requir.htm>

- | | | | |
|-----------------|-----------|--------------|-----------|
| ▪ Somali | ▪ Chinese | ▪ Lao | ▪ Amharic |
| ▪ French | ▪ Dari | ▪ Vietnamese | ▪ Greek |
| ▪ Khmer | ▪ Polish | ▪ German | |
| ▪ Passamaquoddy | ▪ Spanish | ▪ Russian | |

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APPENDIX W

MPA TRANSFER WAIVER APPROVAL FORM

This form is to be processed when a student transfers from one school to another without a corresponding change of legal residence of parent/guardian and wishes to participate in interscholastic athletics within one year of the transfer (MPA By-Laws, Article III, Section 4). The process and responsibilities are as follows:

1. Either PRINCIPAL may initiate the process by making this form available to the transferring student and his/her parents/guardians for their signature(s). The initiating principal shall then sign and forward this form to the second principal for his/her signature.
2. The second PRINCIPAL shall sign the form and forward it to the MPA Executive Director for approval. All shall sign in a timely manner.
3. The transferring student is eligible the day this form is approved by the MPA Executive Director or the Eligibility Committee.

I hereby certify that _____ has transferred from
(School) _____ (State) _____ (Country) _____
to (School) _____
and is entering grade _____ as of _____ and to the best of
my knowledge the student has not transferred primarily for athletic purposes (see MPA By-Laws, Article III,
Section 4, Subsection A, Paragraph 3).

Parents'/Guardians' Signatures: _____ Date: _____

Student's Signature: _____ Date: _____

Sending Principal's Signature: _____ Date: _____
___ **Do Certify** ___ **Do Not Certify**

Receiving Principal's Signature: _____ Date: _____
___ **Do Certify** ___ **Do Not Certify**

WHEN ALL SIGNATURES ARE COMPLETED, IMMEDIATELY FAX THIS FORM
TO THE MPA (622-1513) OR MAIL TO:

MPA, PO Box 2468, 50 Industrial Drive
Augusta, ME 04338-2468

FOR MPA USE ONLY

This request for a waiver of the Transfer Rule is:

___ Granted By: MPA Executive Director _____ Date: _____

___ Referred to the Eligibility Committee: ___ Granted ___ Denied ___ Date: _____

Notification sent to receiving school on: _____ By: _____