



## Applicant Information

Students Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Present Grade: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applying for School Year: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Applying for Grade Level (Circle one):

Kindergarten    1<sup>st</sup> Grade    2<sup>nd</sup> Grade    3<sup>rd</sup> Grade    4<sup>th</sup> Grade    5<sup>th</sup> Grade

Applying for:    \_\_\_\_\_ 3 days/week    \_\_\_\_\_ 2 days/week    1 day/week

Please circle requested day(s):    M    T    W    Th    F

**List all schools/educational programs previously attended.** Please use an additional page if necessary.

Name of school/educational program: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Name of school/educational program: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

## Family Information

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

\_\_\_ Married \_\_\_ Partners \_\_\_ Divorced

\_\_\_ Married \_\_\_ Partners \_\_\_ Divorced

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Schools/Colleges Attended and Degrees Earned:

Schools/Colleges Attended and Degrees Earned:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list names, schools, and ages of siblings:

\_\_\_\_\_

(Name)

(School)

(Age)

\_\_\_\_\_

(Name)

(School)

(Age)

Has the parents/guardians and applicant visited Mousam River STEM Academy? \_\_\_\_\_

If not, please call to schedule a visit.

(If yes, please give the date)

Please list special interests/hobbies of the parents/guardians: \_\_\_\_\_

\_\_\_\_\_

**What are your child's:**

Strengths: \_\_\_\_\_

Personality: \_\_\_\_\_

Learning style: \_\_\_\_\_

Special interests/hobbies: \_\_\_\_\_

Medical needs that the school should know about: \_\_\_\_\_

How did you first hear of Mousam River STEM Academy? \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Please mail this completed application to: Mousam River STEM Academy  
1013 Old North Berwick Road  
Alfred, ME 04002

**Please include a non-refundable application fee of \$40.00**

Mousam River STEM Academy  
1013 Old North Berwick Road  
Alfred, ME 04002  
(207) 313-6388

**Consent Form to Release Records and Information**

Name of Student: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

This release is for admission purposes. Please send all student records including:

- Cumulative Educational Records
- Assessments and Reports
- Health Records, including Immunization Records
- All Special Ed/IEP Records

To: **Mousam River STEM Academy**  
**1013 Old North Berwick Road**  
**Alfred, ME 04002**

Parent/Guardian Release/Transfer of Records and Information.

I hereby authorize the release of the above requested information in accordance with 20-A MRSA § 6001-B, of the Maine State Statutes, regarding the transfer of education records.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the essay on the back page.**

Mousam River STEM Academy  
1013 Old North Berwick Road  
Alfred, ME 04002  
(207) 313-6388

Please use this page to write a short essay/statement explaining your reasons for applying to Mousam River STEM Academy and any goals you have for your child.