



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

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

Present School: _____

Telephone Number: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Please list all schools previously attended:

(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: _____ Schools/Colleges Attended: _____

Please list names, schools, and ages of siblings:

(Name)	(School)	(Age)
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(Name)	(School)	(Age)
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Has the parent/guardian 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: _____

Were you referred to our school by anyone? _____

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 \$50.00

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.