Publicly Funded Prekindergarten Education

Local schools pay tuition for 10 hours a week during the school year for a Prekindergarten program in a prequalified early childhood program for children ages 3-5. This may not result in a reduction of your early care costs if your child attends a program more than 10 hours per week. Children must be 3 years old by September 1; 5 year olds must not be eligible for Kindergarten.

Checklist for Tuition Registration

| 1. Enroll your child in a Pre-Qualified Preschool program for 10 hours a week. The most current list of prequalified programs is found at [http://www.brightfutures.dcf.state.vt.us](http://www.brightfutures.dcf.state.vt.us) |
| 2. Complete Sections 1 and 2, and return to your local school with: |
| a. Birth Certificate |
| b. Residency Verification |
|   i. Please provide one of the following: |
|     1. Copy of current tax bill |
|     2. Copy of lease agreement |
|     3. Copy of rent receipt |
|   ii. And two of the following: |
|     1. Voter registration |
|     2. Automobile registration |
|     3. Employment verification |
|     4. Post address (other than a P.O. box) |
|     5. Telephone bill |
|     6. Electric bill |
| 3. Income verification form |
| 4. Copy of Custody Agreement (Only required for parents who are separated or divorced) |
STUDENT INFORMATION FORM

STUDENT INFORMATION

Legal Last Name: ___________________________ Legal First Name: ___________________________ Post Name: ____

Preferred Last Name: ______________________ preferred First Name: ________________________________

Birth Date: ___________________ Legal Gender: ☐ Female ☐ Male ☐ Non-Binary Grade Level: ______________

Mailing Address: ____________________________________________________________ Town: ______________ State: _____ Zip: ______

911 Physical Address: __________________________________________________________ Town: ______________ State: _____ Zip: ______

Family Primary Phone No.: ____________________________ Type: ☐ Home ☐ Cell

Secondary Phone No.: ____________________________ Type: ☐ Home ☐ Cell ☐ Work

RACE/ETHNICITY INFORMATION

Is your child of Hispanic or Latino origin? ☐ Yes ☐ No

What races do you consider your child? Mark the one or more races that apply.
☐ Asian ☐ Black ☐ Native American or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ White

PREVIOUS SCHOOL INFORMATION

Previous School's Name

City & State

Years Attended (example: 2018-2019)

__________________________________________________________________________________________________

FAMILY INFORMATION

Contact phone numbers, address and email addresses will be used to distribute important school and district information. Online access to student records will be provided to each Parent/Responsible Adult listed below.

List in order of priority to contact: Parent/Responsible Adult #1: Lives with student ☐ Yes ☐ No

(If no, provide full address below) ☐ Check to receive mailings

☐ Mother ☐ Father ☐ Guardian ☐ Other (please specify relationship) ________________________________

Last Name: ___________________________ First Name: ___________________________

Email Address: ________________________________________________________________

Address (if different from student): ______________________________________________ Town: ______________ State: _____ Zip: ______

Mailing Address (if different from home address): _________________________________ Town: ______________ State: _____ Zip: ______

Primary Phone No.: ____________________________ Type: ☐ Home ☐ Cell ☐ Work

Secondary Phone No.: ____________________________ Type: ☐ Home ☐ Cell ☐ Work

Parent/Responsible Adult #2: Lives with student ☐ Yes ☐ No (If no, provide full address below) ☐ Check to receive mailings
ORANGE EAST SUPERVISORY UNION
Blue Mountain Union • Bradford Elementary • Newbury Elementary • Oxbow • Riverbend • Thetford Elementary • Waits River Valley School

STUDENT INFORMATION FORM

☐ Mother ☐ Father ☐ Guardian ☐ Other (please specify relationship) ____________________________

Last Name: __________________________________________ First Name: __________________________________

Email Address: __________________________________________

Address (if different from student): __________________________ Town: __________ State: ______ Zip: ______

Mailing Address (if different from home address): __________________________ Town: __________ State: ______ Zip: ______

Primary Phone No.: __________________________ Type: ☐ Home ☐ Cell ☐ Work

Secondary Phone No.: __________________________ Type: ☐ Home ☐ Cell ☐ Work

SIBLINGS (Please list first and last name of each sibling living with student): __________________________

________________________________________________________________________________________________

In an emergency, the parent/guardian listed as Responsible Adult #1 will be called first, the Parent/Guardian listed as Responsible Adult #2 will be called second. By listing a name or names in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

Name: __________________________________________ Relationship to Student: __________________________

Address: __________________________________________

Primary Phone No.: __________________________ Other Phone No.: __________________________

Name: __________________________________________ Relationship to Student: __________________________

Address: __________________________________________

Primary Phone No.: __________________________ Other Phone No.: __________________________

PREKINDERGARTEN STUDENTS ONLY

☐ Pre-K ☐ EE  Prekindergarten Name: __________________________________________

Address: __________________________________________ Town: __________ State: ______ Zip: ______

HIGH SCHOOL STUDENTS ONLY

☐ Dual Enrollment ☐ Early College