

WINDSOR SOUTHEAST SUPERVISORY UNION

Hartland • Weathersfield • West Windsor • Windsor School Districts

105 Main Street, Suite 200 • Windsor, Vermont 05089

(802) 674-2144 • fax (802) 674-6357



III. **WSESU EARLY CHILDHOOD PROGRAM LOTTERY APPLICATION FOR ANTICIPATED OPEN SLOTS

APPLICATION FOR WSESU LOTTERY		
Current School Year 20__ - 20__	*Child's age as of September 1 st Year: _____	
Child's Name:	DOB: _____	
Parent Name:		
Parent Mailing Address:		
Town	State: VT	Zip Code: _____
Primary Contact Phone Number: ()		

(* Child must be at least 3 years of age by September 1st for the school year in which you are requesting enrollment.)

**In order to be included in the "Lottery" draw for open slots, Residency must be verified, Student Enrollment Form must be complete and Lottery Application must be received by your local school district no later than June 1st of the current school year.

I understand that by applying to the WSESU Early Childhood Program, if my child is offered a slot, my child's enrollment will be counted by the local school district in which my child resides, and my child will be considered a student of that school district.

I also understand that the WSESU Early Childhood Program is required to submit attendance and Teaching Strategies GOLD assessment information with the Vermont Agency of Education.

The information provided is accurate and true to the best of my knowledge.

Parent Signature

Date

For Official Use Only: **Town of Residency:** ___ Hartland ___ Weathersfield ___ West Windsor ___ Windsor

Date Application Received: ___/___/___ **Date Residency Verified:** ___/___/___ **Registrar Initials:** _____

Date Received by Early Childhood Program: ___/___/___