

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.

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	<input type="checkbox"/>
2. Complete OESU Student Information Form , and return to your local school with:	<input type="checkbox"/>
a. Birth Certificate	<input type="checkbox"/>
b. Residency Verification i. Please provide <u>one</u> of the following: 1. Copy of current tax bill 2. Copy of lease agreement 3. Copy of rent receipt ii. And <u>two</u> 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	<input type="checkbox"/>
3. Household Income form (for children in private PK programs)	<input type="checkbox"/>
4. Copy of Custody Agreement (Only required for parents who are separated or divorced)	<input type="checkbox"/>

ORANGE EAST SUPERVISORY UNION

Blue Mountain Union • Bradford Elementary • Newbury Elementary • Oxbow High School • River Bend Career & Technical Center • Thetford Elementary • Waits River Valley School

STUDENT INFORMATION FORM**STUDENT INFORMATION**

Legal *Last* Name: _____ Legal *First* Name: _____ Legal *Middle* 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

Please check the box if your child receives: IEP/Special Education Services 504 Services

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

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): _____

Office Use Only

Student Name: _____	State ID No. _____	Entry Date: _____
Grade: _____	Teacher/Advisor: _____	AM Bus No.: _____ PM Bus No.: _____

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 Name of Prekindergarten Program: _____

Address: _____ Town: _____ State: _____ Zip: _____

HIGH SCHOOL STUDENTS ONLY

Dual Enrollment Early College

Signature of Parent/Responsible Adult: _____ Date: _____

Office Use Only

National School Lunch Program			
<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Not-Eligible	<input type="checkbox"/> Declined