

Waits River Valley School

PREKINDERGARTEN

6 Waits River Valley School Road
East Corinth, Vermont 05045
(P) 802-439-5534 (F) 802-439-6444



Application Form

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Name Usually Known By: _____ Date of Birth: ___/___/___ Gender: Male Female

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

911 Physical Address: _____ Town: _____ State: _____ Zip: _____

Please check the box if your physical address is the same as your mailing address.

Family Primary Phone No.: _____ Home Cell

Family Secondary Phone No.: _____ Home Cell Work

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

Is your child of Hispanic or Latino origin? Yes No. Child's Home Language: _____

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

PARENT/GUARDIAN INFORMATION

Child resides with: Both Parents Parent 1 (*specify below*) Parent 2 (*specify below*) Other (*specify below*)

(If parents are separated or guardians are involved, please submit a copy of the most current court order on custody and visitation arrangements.)

Parent/Guardian 1: _____ Relationship to Student: _____

(Responsible Adult #1)

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

(If different from students)

911 Physical Address: _____ Town: _____ State: _____ Zip: _____

(If different from students)

Primary Phone No.: _____ Home Cell

Secondary Phone No.: _____ Home Cell Work

Email: _____

Parent/Guardian 2: _____ Relationship to Student: _____

(Responsible Adult #2)

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

(If different from students)

911 Physical Address: _____ Town: _____ State: _____ Zip: _____

(If different from students)

Primary Phone No.: _____ Home Cell

Secondary Phone No.: _____ Home Cell Work

Email: _____

EMERGENCY CONTACT INFORMATION

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. Please be sure to notify anyone listed in the following two sections.

Name: _____ Relationship to Student: _____

Address: _____

Primary Phone No.: _____ Other Phone No.: _____

Name: _____ Relationship to Student: _____

Address: _____

Primary Phone No.: _____ Other Phone No.: _____

PICK-UP RELEASE INFORMATION

To better ensure the safety of your child, please provide us with the information below. If the person arriving at pick-up is not on this list, we will not release your child to that person until we receive consent from a parent/legal guardian. Additionally, please advise us if the regular pick-up person will be different on any given day.

List the people (including yourself) that are allowed to pick up your child.

1. Name: _____ Relationship to Student: _____

Phone No.: _____ Phone No.: _____

2. Name: _____ Relationship to Student: _____

Phone No.: _____ Phone No.: _____

3. Name: _____ Relationship to Student: _____

Phone No.: _____ Phone No.: _____

4. Name: _____ Relationship to Student: _____

Phone No.: _____ Phone No.: _____

5. Name: _____ Relationship to Student: _____

Phone No.: _____ Phone No.: _____

BUS INFORMATION – for 4-year-old scholars only

Will your child ride the bus to school?	Yes:	Morning:	Afternoon:	No:
---	------	----------	------------	-----

SIBLING INFORMATION

Name:	DOB:	Age/Grade:
Name:	DOB:	Age/Grade:
Name:	DOB:	Age/Grade:

Parent/Legal Guardian's Signature: _____ Date: ___/___/___

For Official Use Only: Registrar's Initials: _____

Date Application Received: ___/___/___ Date Residency Verified: ___/___/___ Date Child Started: ___/___/___

Days and hours child is regularly scheduled to attend: _____