

## 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. <b>Enroll</b> your child in a <b>Pre-Qualified</b> Preschool program for 10 hours a week. The most current list of prequalified programs is found at <a href="http://www.brightfutures.dcf.state.vt.us">http://www.brightfutures.dcf.state.vt.us</a>	<input type="checkbox"/>
2. Complete <b>OESU Student Information Form</b> , and return to your local school with:	<input type="checkbox"/>
<b>a. Birth Certificate</b>	<input type="checkbox"/>
<b>b. Residency Verification</b> 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. <b>Household Income</b> form (for children in private PK programs)	<input type="checkbox"/>
4. <b>Copy of Custody Agreement</b> (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 **Grade Level:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**911 Physical Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Family Primary Phone No.:** \_\_\_\_\_ **Type:**  Home  Cell

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: 2021-2022)** \_\_\_\_\_

#### 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):** \_\_\_\_\_ **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): \_\_\_\_\_ 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):** \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS**

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

Signature of Parent/Responsible Adult: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Student Name: \_\_\_\_\_ State ID No. \_\_\_\_\_

Entry Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/Advisor: \_\_\_\_\_

AM Bus No.: \_\_\_\_\_ PM Bus No.: \_\_\_\_\_ Entered by: \_\_\_\_\_

**National School Lunch Program**

Free  Reduced  Not-Eligible  Declined