

Enrollment Forms

This series of forms is for all newly enrolling students: those entering as pre-kindergarten or kindergarten students and those transferring in from another district or home schooling.

Local & State Required Enrollment Forms *(please complete all forms listed below and submit them together to your intended school's registrar):*

- [Student Information](#)
- [Proof of Residency](#)
- [Home Language & Preferred Language Form](#)
- [Student Health Information](#)
- [Vermont Migrant Education Program Agricultural Employment Survey](#)
- [Military Affiliated Data Collection](#)
- [Household Income Form \(online\)](#) - [Print Household Income Form link](#)

Student Information - Enrollment Form

☐ Bridport (PK-5)
 ☐ Cornwall (K-5)
 ☐ Mary Hogan (PK-5)
 ☐ Ripton (K-5)
 ☐ Salisbury (K-5)
☐ Shoreham (K-5)
☐ Weybridge (K-5)
☐ MUMS (6-8)
☐ MUHS (9-12)
☐ EEE Outreach

Legal Name: *(Last, First, Middle, Suffix)*

Preferred Name:

Date of Birth:

Gender: ☐ M ☐ F

Student Home Phone:

Anticipated start date:

Grade:

Student's physical home address:

City:

State:

ZIP Code:

Mailing Address (if different):

City:

State:

ZIP Code:

Town of Residence:

proof of residency required (see page 3)

Any other last name

the student has used:

Race and Ethnicity questions are for reporting purposes only

Race Info (check all that apply): ☐ Black/African-American ☐ American Indian/Native Alaskan

☐ Asian

☐ Native Hawaiian/Pacific Islander

☐ White/Caucasian

Is the student Hispanic? ☐ Yes ☐ No

Current school (Name, City, State):

Date last attended:

Has this student ever attended any school in our district? (including UPK) ☐ Yes ☐ No

If so, which school?

Education Plan and Special Services

Did the student attend 10+ hours of preschool per week? ☐ Yes ☐ No

Are you experiencing housing issues? ☐ Yes ☐ No

Does the student have current or previous educational plans? ☐ IEP ☐ 504 ☐ EST ☐ None

Is the student: ☐ school choice? ☐ homeschooled? ☐ tuitioned?

☐ foreign exchange? If so, country of origin: _____

Is the student in DCF custody? ☐ Yes ☐ No

If in DCF custody, does the student have a parent/legal guardian living in the district? ☐ Yes ☐ No

Which town?

DCF Caseworker:

DCF Phone Number:

Educational Surrogate (Name; Phone):

Guardian ad Litem (Name; Phone):

Address:

Address:



Student Information - Enrollment Form

Student's Name: _____ Birth Date: _____

Contact Information *(All parents and guardians with whom the student resides and with whom they do not)*

Contact 1 Name:	Contact 2 Name:
Relationship to student:	Relationship to student:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Address: Head of Household: ☐ Yes ☐ No	Address: Head of Household: ☐ Yes ☐ No
Employer:	Employer:
Student lives with ☐ Yes ☐ No ☐ Shared	Student lives with ☐ Yes ☐ No ☐ Shared
Contact 3 Name:	Contact 4 Name:
Relationship to student:	Relationship to student:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Address:	Address:
Employer:	Employer:
Student lives with ☐ Yes ☐ No ☐ Shared	Student lives with ☐ Yes ☐ No ☐ Shared
Are there any Court Orders of which the school should be aware? ☐ Yes ☐ No <i>If yes, please attach a copy of the order.</i>	

Emergency Contacts *(other than parents)*

Name:	Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Town of Residence:	Town of residence:
Relationship to student:	Relationship to student:

Siblings *(List all other children in the household who are under 18)*

First Name:	Last name:	Grade:	School:	DOB:



Proof of Residency - Enrollment Form

Parents, legal guardians, and custodians of students and emancipated minors enrolling in the Addison Central School District for the first time, re-enrolling after withdrawal, or families that have recently moved must supply the following information in order to determine whether a student is a legal resident as defined by Vermont law. Below, please check which information you will present to your school; copies are acceptable. Each family must present one document from the first section and two additional documents from the second section. If you are experiencing or anticipate homelessness or if you have questions about this, please contact your building principal.

Supply **ONE** of the following documents that shows an **ACSD residential address**:

- ☐ Current tax bill
- ☐ Current mortgage papers/closing statement with the name of parent, legal guardian, or custodian
- ☐ Formal lease showing the name, address and phone number of the landlord and name of lessee
- ☐ A letter/email from the landlord stating the address of the residence being leased and the name(s) of the lessee(s), along with the landlord's address and telephone number.
- ☐ A signed Landlord Statement (please see the bottom of this form)***

AND, supply **TWO** of the following documents that shows an **ACSD residential address**:

- ☐ Valid Vermont driver's license
- ☐ Valid Vermont identification card
- ☐ Valid voter registration card or receipt for same
- ☐ Valid Vermont vehicle registration card
- ☐ Valid automobile insurance card
- ☐ Valid Public Aid card
- ☐ Redacted tax returns
- ☐ Valid homeowner's or renter's insurance policy
- ☐ Pre-printed pay stub with the employer's name and address and the employee's name
- ☐ Bank statement for last or current month (financial information redacted) generated by the issuing bank and displaying the bank's name and mailing address, and the customer's name, received through mail by the customer
- ☐ Current utility bill (gas, electric, landline telephone, wired cable, or heating oil/propane delivery bill) that contains the customer's name (wireless telephone bills cannot be accepted; cable and telephone bills from the same company cannot be from the same source)

If at any time residency is questioned by the district and for any reason additional information will be requested.

Child/ren's names: _____

I confirm that my child/ren and I reside in a home in the town of _____

Printed Name of Parent/Guardian _____ Signature _____

*****Landlord Statement** (if applicable)

I confirm that _____ and his/her child/ren reside at the apartment/home I own at the following address:

Address of apartment/house: _____

Landlord's printed name: _____

Landlord's address: _____

Landlord's phone number: _____

Landlord's signature: _____ Date: _____

Fraudulent claims are punishable under [13 V.S.A. § 3016](#) by imprisonment up to five years, fines up to \$10,000.00, or both.

Home Language Survey Instructions

Vermont welcomes all families. We value our students and families who speak more than one language. Please tell us if you need translation or interpretation services to complete this form and other school notices. Also, please tell us if you have any questions about this form.

Schools in Vermont must identify students who might receive English language support services. This is to help your student succeed in school. After the form is completed, an English learner teacher may ask you more questions. This is to determine if your student can receive English language support services. This information is only used for educational purposes

Student Information (Parents/Guardians should complete this section)

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: F ☐ M ☐

Country of Birth: ☐ US or Puerto Rico ☐ Other

Date student first began in any US school: (Month/Day/Year): _____

Questions for Parents/Guardians

What language(s) are spoken in your home? _____

What language do you most often speak to your child? _____

What language does your child currently use most often at home? _____

What is the native language of each parent/guardian? _____

What language did your child first speak or understand? _____

In what language/format would each parent/guardian like to receive school communications? _____

Contacts:

Heidi Jo Bartlett, Assessment Coordinator for English Learners

heidijo.bartlett@vermont.gov

Stephanie Vogel, Title III and EL Programs Director

stephanie.vogel@vermont.gov

မိဘဘာသာစကား, 母语, idioma de los padres

Dear Parent or Guardian,

We would like to know your language preferences when receiving important information from the school.

1. In what language would you like to receive written information from the school?

بأي لغة تود استلام المعلومات المكتوبة من المدرسة؟

您希望從學校收到哪種語言的書面資訊？

Nan ki lang ou ta renmen lekòl la voye enfòmasyon ba w?

어떤 언어로 쓰여진 가정통신문을 학교로부터 받기 원하십니까?

На каком языке Вы предпочитаете получать письменную информацию из школы?

¿En qué idioma desearía recibir la información por escrito que envía la escuela?

ဘယ်ဘာသာစကားနဲ့ ကျောင်းကနေ ရေးသားထားတဲ့ သတင်းအချက်အလက်တွေ ရရှိချင်သလဲ

- ☐ English
- ☐ Arabic / العربية
- ☐ Chinese / 中文
- ☐ Haitian Creole / Kreyòl Ayisyen
- ☐ Korean / 한국어
- ☐ Russian / Русский
- ☐ Spanish / Español
- ☐ Burmese / မြန်မာ
- ☐ Other _____

2. In what language would you prefer to communicate orally with school staff?

بأي لغة تفضل الاتصال شفهياً مع موظفي المدرسة؟

您希望以哪種語言與學校員工進行口頭溝通？

Ki lang ou ta pi pito pale pou w kominike avèk pèsonèl lekòl la?

어떤 언어로 학교 선생님과 대화를 나누고자 하십니까?

На каком языке Вы предпочитаете общаться устно с сотрудниками школы?

¿En qué idioma preferiría comunicarse verbalmente con el personal de la escuela?

ဘယ်ဘာသာစကားနဲ့ ကျောင်းဝန်ထမ်းတွေနဲ့ နှုတ်နဲ့ ဆက်သွယ်ချင်သလဲ

- ☐ English
- ☐ Arabic / العربية
- ☐ Chinese / 中文
- ☐ Haitian Creole / Kreyòl Ayisyen
- ☐ Korean / 한국어
- ☐ Russian / Русский
- ☐ Spanish / Español
- ☐ Burmese မြန်မာ
- ☐ Other _____

Parent/Guardian Name:

الوالد إسم / (ولي) (الأمر) • 家長/監護人姓名 • Non Paran/Gadyen • 학부모/보호자 성명
Имя и фамилия родителя или опекуна • Nombre de uno de los padres o tutores •
မိဘ/ဂီးဒီးယန်းအမည်

Student Name:

التلميذ اسم • 學生姓名 • Non elèv la • 학생 이름 • Имя и фамилия учащегося • Nombre y
apellido del estudiante • ကျောင်းသားအမည်



Student Health Information Form

Student Name: _____ DOB: _____ Entering Grade: _____

School & Student Health Information:

For the Health Office to understand your child's health needs, we require parents to submit a completed Health Form (attached). Additionally, we want to bring to your attention the following important health information:

- Students who require over-the-counter medications (OTC) during the school hours must have a signed Parental Consent form for each medication.
- Students who require prescription medication during school hours must have a signed Prescription Medication Order form from your child's healthcare provider.
- Over-the-counter medications (generic equivalent) are available for your child in the Health Office during the school day. Over-the-counter medication can only be given if you have signed off and approved the medication. Please indicate the medications you will allow the school nurse or health assistant to dispense.
- Parents/Guardians are required to transport all medication directly to the school and must be given to the health assistant or school nurse.
- Students who miss school or were dismissed from school due to vomiting, diarrhea or a fever of 100.4 degrees or higher are required to stay home until they are symptom free for 24 hours without the use of fever/pain reducing medications. If your child was dismissed from school for vomiting, diarrhea, fever or any symptoms of a contagious illness, your child will not be allowed back into school the next day.
- Please contact the health office if your child is diagnosed with any contagious illness. If your child is taking antibiotics, they must have a full 24-hour course before returning to school.
- Each school year, the Nursing Department will be performing annual health screenings, including vision and hearing in grades K, 1, 3, 5, 7, 9, and 12. Please contact the School Nurse if your child has any special circumstances or you decide to excuse them from any of these screenings.

If you have any questions or concerns, please do not hesitate to contact your school nurse.

Permission for Emergency Treatment & Exchange Medical/Dental Information

IN CASE OF AN EMERGENCY INVOLVING MY CHILD, WHEN I CANNOT BE REACHED: I hereby give consent to transport my child for medical care and authorize the providers and hospital to give any reasonable and customary medical and health care deemed necessary at my expense. It is understood that I will be financially responsible for all emergency care.

Signature of Parent/Guardian: _____ **Date:** _____

I give permission to exchange health information between my child's primary care provider and/or dental provider and the school nurse, including vision and hearing screening information.

Signature of Parent/Guardian: _____ **Date:** _____



Student Health Information Form

Student Name: _____	DOB: _____	Entering Grade: _____
Emergency Contact 1: _____	Phone #: _____	
Emergency Contact 2: _____	Phone #: _____	

Health and Dental Providers & Last Well-Care Visits Update	
Pediatrician's Name: _____	Phone: _____
What was the date of your child's last comprehensive, annual, well-care visit (not a sick appointment) conducted by their primary care provider?	
Dentist's Name: _____	Phone: _____
What was the date of your child's last dental exam conducted by their primary dental provider?	
Eye Doctor's Name: _____	Phone: _____
What was the date of your child's last eye exam conducted by their primary eye doctor provider?	
Counselor/Therapist's Name: _____	Phone: _____
What is the frequency of visits?	

Student Medical History Update
Allergies: Does your child have serious allergies that require epinephrine as treatment? ☐ Yes ☐ No <i>(If yes, please provide your school with a current Emergency Action Plan from your primary care provider, the school nurse will then write a school-specific Allergy Action Plan with parents.)</i>
Asthma: Has a health care provider ever said that your child has asthma? ☐ Yes ☐ No ☐ Don't Know/ unsure If yes, does your child still have asthma? ☐ Yes ☐ No ☐ Don't Know/ unsure <i>(If your child currently has asthma, provide your school with a current Asthma Action Plan.)</i>
Diabetes: Does your child have diabetes? ☐ Yes ☐ No
Eyes: Does your child use corrective lenses (glasses or contacts)? ☐ Yes ☐ No
Ears: Does your child use hearing aids? ☐ Yes ☐ No
Immunization: Is your child fully immunized according to the state guidelines? ☐ Yes ☐ No If no, have you begun a catch-up schedule with your primary care provider? ☐ Yes ☐ No

Medication History:		
Is your child taking any prescription medicines including an inhaler or breathing treatment? ☐ Yes ☐ No <i>(If yes, list the child's medicines below)</i>		
Name of medicine / reason	Amount	How many pills or doses does your child take at what times?
		____ morning ____ noon ____ evening ____ bedtime
		____ morning ____ noon ____ evening ____ bedtime
		____ morning ____ noon ____ evening ____ bedtime
		____ morning ____ noon ____ evening ____ bedtime
What over-the-counter medicines does your child take regularly ?		
☐ Vitamins		
☐ Herbal medicine (please list):		
☐ Other medicines like Tylenol, Advil? (please list):		
☐ None , my child does not take any over-the-counter medicines regularly.		

Student Health Information Form

Student Name: _____

DOB: _____

Entering Grade: _____

Vermont Department of Health Inquiry

Health Insurance:

 Does your child have health insurance? ☐ Yes ☐ No

Health Insurance provider: _____

(If no, please reach out to your school nurse and/or call 1-855-899-9600 for Vermont Health Connect to find out how to insure your child's health. You may also visit <https://portal.healthconnect.vermont.gov> to find out more)

Medical Conditions/Injuries Update

Please indicate if your child has had or is currently under treatment for any of the following conditions.

	Yes	No	Date / Additional Details (If yes, provide date(s))
Bleeding Disorders			
Ear/Hearing Problems			
Heart Problems			
High Blood Pressure			
Hospitalization for Serious Illness, Surgery, or Accident			
Feelings/Emotions (ex. Depression, anxiety, fears/phobias, traumatic life event)			
Muscular Weakness or Paralysis			
Migraine Headaches			
Other:			

Permission for Over-The-Counter Medications (OTC) -

For each of the medications listed below or generic equivalents, please check to indicate that you are giving permission for a school nurse or health assistant to administer the medication at school according to the instructions on the manufacturer's label.

ALL ACSD SCHOOLS		MUMS and MUHS ONLY
☐ Acetaminophen (Tylenol) ☐ Aloe for Sunburn ☐ Antacid (Tums) ☐ Antibiotic Ointment ☐ Antifungal Cream ☐ Burn analgesic ☐ Calamine Lotion	☐ Cough drop/throat lozenge (6 & older only) ☐ Diphenhydramine (Benadryl) ☐ Hydrocortisone cream ☐ Ibuprofen (Advil) ☐ Eye Drops ☐ Sunscreen	☐ Biofreeze / Icy Hot / Arnica ☐ Loratadine (Claritin) ☐ Pepto Bismol ☐ Phenylephrine (Sudafed)

To my knowledge, my child is not allergic and has no medical condition for which the selected medication would not be advisable.

Signature of Parent/Guardian: _____ Date: _____



VMEP, UVM Extension
327 US Route 302, Suite 1, Barre, VT 05641
1-866-860-1382 ext. 208 & Fax: (802) 476-2006

Vermont Migrant Education Program Agricultural Employment Survey

Please complete this form and return it to the school office.
Schools will mail all completed forms to the address listed above. All information provided is confidential.

Parent Name _____ Date completed _____

Address _____

Home/Cell Phone _____ Message phone _____

Have you, your spouse or companion moved in the last three years?

☐ **Yes** If yes from where? _____ Please complete the rest of this form.

☐ **No** You do not need to complete the rest of this form. Thank you!

In the past three years, have ☐ you, ☐ your spouse, or ☐ companion

☐ worked in agriculture or logging?

☐ looked for work in agriculture or logging?

☐ currently working in agriculture or logging?

☐ **No**

Please check off all that apply:

☐ on any type of farm such as dairy, beef, sheep, turkey, chicken, egg, fish, emu, fruit or vegetable farm

☐ commercial greenhouse or nursery

☐ hauling milk or other raw agricultural products

☐ cheese plant, cannery, milk bottling plant or other food processing plant

☐ trimming and harvesting Christmas trees/ wreath making

☐ logging activities such as cutting trees/firewood, brush cutting, chipping, debarking trees, forestry or timber work, tree planting/pruning

☐ in a slaughterhouse or smokehouse

☐ replanting or restoring land used for mining or clear cutting purposes

☐ harvesting crops such as apples, grapes, hay, corn, and berries

☐ commercial fishing or fish farming

Please list all children ages 0 to 22 in your household: (list additional names on bottom of form)

Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:

08/2013

If your family qualifies for the Migrant Education Program, your child may receive **FREE** educational support services which may include free books, tutoring, summer programs, and/or resource referrals for services in your area.

Please return this form to school!

Military Affiliation Form

The purpose of this form is to collect any affiliation for students attending public schools with the armed services as defined in [section 101\(a\)\(4\) of title 10, United States Code](#) as Army, Navy, Air Force, Marine Corps, and Coast Guard.

The direct and only purpose of this collection is to fulfill our federal education reporting requirements for this group of students as defined in [ESEA section 1111\(b\)\(2\)](#).

Any information collected here for us to uniquely identify the students for reporting purposes as defined by law.

Please fill out the form to the best of your ability, and thank you so much for your time

If you have any questions, please contact AOE.SLDSSupportGroup@vermont.gov

Parent or Guardian Information

Employed by this Military Branch at any point during the 2024 school year

- | | |
|---------------------------------------|--------------------------------------|
| ☐ Army | ☐ Air Force |
| ☐ Marine Corps | ☐ Space Force |
| ☐ Navy | ☐ Coast Guard |

Type of Affiliation

- ☐ Active Duty ☐ Reserve and/or National Guard

Town of Residence: _____

Student(s) Attending Public School

- Please **list all students that live at your residence**, and the schools they attend using the forms below.
- Please **only use the students legal name** listed on their birth certificate.
- Please **don't use nicknames**. We need this to match what your schools reports to us.

Student 1:

School: _____

First Name: _____ MI: _____ Last Name: _____

Sex: ☐ Male ☐ Female Date of Birth: _____

Student 2:

School: _____

First Name: _____ MI: _____ Last Name: _____

Sex: ☐ Male ☐ Female Date of Birth: _____

Student 3:

School: _____

First Name: _____ MI: _____ Last Name: _____

Sex: ☐ Male ☐ Female Date of Birth: _____



Notice from Nutrition Services

Greetings ACSD Parents and Guardians

It is our pleasure to announce that school breakfasts and lunches are still free for all students for the upcoming school year. Also new this year is that we are asking families to fill out a Household Income Data Collection form (there is no longer required free & reduced forms). Although these are not mandatory, family income information helps us qualify for over \$475,000 to assist with nutrition, literacy, math, science and other vital programming. The form is user friendly and fully confidential. Please fill out the household income data collection form and have it returned to your students' school. You may also fill out the form on line at. <https://education.vermont.gov/householdincome> This link is also provided in the Families tab on the ACSD website. You can also find this form in other languages at this site.

Please contact Steven Marinelli, Food Service Director with any questions or concerns

smarinelli@acsdvt.org

802 – 382 1423