

This page must accompany the child's full school registration packet

**Act 166: Universal Prekindergarten Tuition Request Form / Intent to Enroll Form
2020-2021 School Year**

Barre Unified Union School District	Montpelier Roxbury School District
Central Vermont Supervisory Union	Orange Southwest School District
Harwood Unified Union School District	Orleans Southwest Supervisory Union
Lamoille South Unified Union	Washington Central Unified Union School District
Lamoille North Supervisory Union	White River Valley Supervisory Union

Child's Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____ Phone: _____

Address: _____

E-mail Address: _____

Children must be 3, 4, or 5 years of age but not yet enrolled in kindergarten. The child may remain enrolled at age 6, however, access to Act 166 Tuition will cease at the child's birthday.

Please check one option:

- Please consider my child for enrollment at my local public school based prekindergarten program.
- Please check here if you plan to enroll your child in a **private pre qualified prekindergarten program**.
My child is enrolled at _____ (private program).

By requesting pre kindergarten tuition funds, I agree to:

- complete the registration process with my resident school district**, which includes proof of residency and proof of age. Schools will provide up to \$3,445.00 per school year to one pre qualified private prekindergarten provider if the child's registration is complete before the start of the school year. I understand that my child's tuition will be prorated based on the date that I fully complete registration and/or update the information if my child was enrolled last year. (10 hours per week for 35 weeks).
- follow the attendance policy** provided by the prekindergarten program and ensure that my child attends pre kindergarten consistently. I understand it is my responsibility to notify the Supervisory Union/Supervisory District if we move or if my child stops attending pre kindergarten or changes programs;
- authorize the release of information** between my child's prekindergarten program to communicate with my school district about my child's development, enrollment, attendance, registration and suspension/expulsion.

Parent/Legal Guardian Signature

Date

Please send this form and your child's registration packet to the registrar at your School District of residence

Internal use only: copy to: _____Registrar, _____Act 166 Designee, _____other: _____

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WHITE RIVER VALLEY SUPERVISORY UNION
Proof of Vermont Residence

I affirm that _____ (child name) is eligible to attend school / private program to receive public tuition funds from _____, Vermont, my town of residence.

Because we, his/her parent(s) or guardian(s) _____ (names),

- Have purchased a home within the town of _____, Vermont, which is occupied as our legal residence
- Have leased a home within the town of _____, Vermont, which is occupied as our legal residence
- Are living with a resident from _____, Vermont, which is occupied as our legal residence

As proof of this residence, I have presented and attached a copy of **ONE** of the following documents showing the physical address of the residence:

- Purchase Agreement*
- Warranty Deed*
- Lease Agreement*
- Voter Registration (copy of receipt or Town Clerk's confirmation) *
- Notarized letter from the resident of the school district with whom I am residing accompanied by proof of their residency*
- Transitional Housing*

Or **TWO** of the following bills which show the physical address of the residence:

- Utility bill which shows the physical address of the residence*
- Other (example: valid Vermont Driver's License which shows the physical address of the residence) *

*Please black out or otherwise remove any information you choose to have remain private. Items presented for proof of residence must show the resident's name and the 911 physical address of the residence. Physical address may be different than mailing address.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Note: You must notify your PreK program immediately if your family moves out of your town of residence.

Proof of Eligibility: Children must be 3 on or before September 1, 2020

- Copy of Child's Birth Certificate or
- Copy of Well Child Visit with Date of Birth and Doctor's signature

Primary/Home Language Survey for All Kindergarten and Incoming Students

Instruction for schools in completing the survey:

1. Interview the parents/guardians of **ALL** new Kindergarten and incoming students in grades K-12 and record all information requested.
2. Provide interpreting services whenever necessary.
3. Please check to see that **all questions** on the form are answered.
4. A copy of any survey with a language other than English should be referred to the ESI teacher for further screening to determine if the student is an **English Language Learner (ELL)**.
5. Surveys for students identified as ELLs should be faxed (802-479-1829) or mailed to:
 Jim McCobb, ELL Program Coordinator, Vermont Agency of Education, 219 North Main Street, Suite 402, Barre, VT 05641.
6. Place the original survey form in the student's permanent file.
7. For questions contact [Jim McCobb](mailto:Jim.McCobb@vermont.gov) at (802) 479-1273.

Student Information (Parents/Guardians should complete this section.)

First Name:	Last Name:	Date of Birth (Month/Day/Year)	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth:	Date of Entry in U.S. (Month/Day/Year):	Date student first began Kindergarten (or higher grade) in any U.S. school (Month/Day/Year):	

Questions for Parents/Guardians

Response

What is the native language of each parent/guardian?

What language(s) are spoken in your home?

Which language did your child learn first?

Which language does your child use most frequently at home?

Which language do you most frequently speak to your child?

What other languages does your child know?

School Information (School Staff should complete this last section based on information gathered from parent/guardian.)

What school will the student attend?		
Beginning date in this school (Month/Day/Year):	What grade will the student enter?	Person Conducting Survey:

Student name _____

(Please print in ink)

Last

First

Date of Birth

Grade

5. Does your child have any **allergic reaction** (bad effect) from any of the following? (Check all that apply.)

- Outside or Indoor allergies, (for example: hay fever, grass, pollen, cats ...) **Please list below** ↓
- Food Allergies (for example: peanuts, milk, wheat ...) **Please list below** ↓
- Insect or Animal Allergies (for example: bees, wasps, cats...) **Please list below** ↓
- Medicine or shots (immunization). **Please list below** ↓
- No, my child has no allergies that I know of.

Does your child have an **Epi-Pen** or **Auvi-Q**? Yes No If **YES**, please bring one to school.

My child is allergic to:	What happens when your child has a reaction?
Example: amoxicillin	Diarrhea (runny poop)

6. Has your child had any of the following **medical problems or injuries**? (Examples in parenthesis) Describe **your child's** problem for each **Yes** on the lines at the bottom of the page ↓.

Chicken Pox --Date if had chickenpox:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery --Date of any surgeries:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head Injury or Concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear infections (often has them, ear tubes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nose problems (sinus infections, nose bleeds)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye problems (blurry vision, wears glasses, lazy eye)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing problems (has trouble sometimes, wears hearing aid)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mouth or throat problems (Strep throat, swallowing problems)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Constipation (problems having a bowel movement (BM))	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems peeing (bed wetting, pain when peeing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back problems (crooked back, back pain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscle and bone problems (weak muscles, pain in joints)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin problems (acne, flaking skin, rashes, hives)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures (shaking fits or convulsions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD (problems paying attention, sitting still)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breathing problems (cough, asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart problems (fast or irregular heartbeat, murmur, birth defect)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feelings or emotions (depression, anxiety, fears)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature and /Relationship to Student

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:

<input type="checkbox"/> on any type of farm such as dairy, beef, sheep, turkey, chicken, egg, fish, emu, fruit or vegetable farm <input type="checkbox"/> commercial greenhouse or nursery <input type="checkbox"/> hauling milk or other raw agricultural products <input type="checkbox"/> cheese plant, cannery, milk bottling plant or other food processing plant <input type="checkbox"/> trimming and harvesting Christmas trees/ wreath making	<input type="checkbox"/> logging activities such as cutting trees/firewood, brush cutting, chipping, debarking trees, forestry or timber work, tree planting/pruning <input type="checkbox"/> in a slaughterhouse or smokehouse <input type="checkbox"/> replanting or restoring land used for mining or clear cutting purposes <input type="checkbox"/> harvesting crops such as apples, grapes, hay, corn, and berries <input type="checkbox"/> commercial fishing or fish farming
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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!



Cultivating Healthy Communities

University of Vermont Extension and U.S. Department of Agriculture, cooperating, offer education and employment to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status.



VMEP, UVM Extension
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Program Narrative

WHO:

The Vermont Migrant Education Program serves **children and youth** (ages 3 – 21) whose families move from one school district to another to obtain temporary or seasonal work in agriculture or logging. There are no income guidelines used to determine eligibility.

WHAT:

The Program works with parents and teachers to provide **free educational support** to help students transition into their new schools. Support to schools and families may include:

- Instructional support
- Free books
- School and home coordination
- On-going school contact
- Preschool support
- Agency referral and coordination
- Summer support services
- Home visits
- Literacy based activities for families in their homes

HOW:

Recruitment Specialists contact schools, farms, agencies, and businesses to locate families whose children may be eligible for program services. Visits are then arranged to discuss the program and determine eligibility. To refer students please contact us at the above address.