



BUUSD Act 166 Tuition Request and Registration 2019-2020

Dear Families,

Thank you for your request to access Act 166 tuition funds. In order to provide payment to your pre-qualified provider, you will need to bring registration paperwork to the school registrar in your city/town. Payments will be prorated to begin on the date your child is fully registered.

You will need to bring the following to the address listed below:

- ☐ Signed Act 166: Universal Prekindergarten Tuition Request Form / Intent to Enroll Form
- ☐ Completed Registration Packet
- ☐ Proof of Residency
- ☐ Proof of Child's Age

Barre Town Elementary School
70 Websterville Road
Barre, VT 05641
Registrar: Betsy Pearce
Bpearbte@buusd.org
802-476-6617

Barre City Elementary School
50 Parkside Terrace
Barre, VT 05641
Registrar: Katelyn Smith
Ksmitbce@buusd.org
802-476-6541

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

**Act 166: Universal Prekindergarten Tuition Request Form / Intent to Enroll Form
2019-2020 School Year (updated 10-9-19)**

Our family resides in (check one):

- ☐ Barre Unified Union School District
- ☐ Central Vermont Supervisory Union
- ☐ Harwood Unified Union School District
- ☐ Lamoille North Supervisory Union
- ☐ Lamoille South Supervisory Union
- ☐ Montpelier Roxbury School District

- ☐ Orange Southwest Supervisory Union
- ☐ Orleans Southwest Supervisory Union
- ☐ Washington Central Supervisory Union
- ☐ Twinfield/Cabot School Districts
- ☐ White River Valley Supervisory Union

Our family lives in: _____ School District

By completing and submitting this form, you are either 1) requesting that your child be considered for a prekindergarten space through your local public prekindergarten program **or** 2) requesting tuition for your child to attend a pre-qualified private prekindergarten program (10 hours per week for 35 weeks).

Child's Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____ Phone: _____

Address: _____

E-mail Address: _____

Please check one option:

_____ Please consider my child for enrollment at my local public prekindergarten program.

----- OR -----

(PreK children are eligible for either public PreK OR Act 166 tuition, not both)

_____ Please check here if you plan to enroll your child in a **private prequalified prekindergarten program**. Schools will provide up to \$3,356.00 per school year to one prequalified private prekindergarten provider if the child's registration is complete before the start of the school year. The school does not manage enrollment at private programs; please contact the private prekindergarten program you are interested in. **Children must be 3, 4, or 5 years of age but is 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.**

My child is enrolled at _____ Start Date: _____

By enrolling in a public PreK program or requesting Prekindergarten tuition funds, I agree to:

- ☐ **complete the registration process** with my resident school district, which includes proof of residency and proof of age (ie: birth certificate). Schools are required to provide families with household income forms. I understand that my child's tuition will be prorated based on the date that I fully complete registration. (Note: If your child was registered last year, you will be asked to review the information on file);
- ☐ **follow the attendance policy** provided by the prekindergarten program and ensure that my child attends prekindergarten consistently. I understand it is my responsibility to notify the Supervisory Union/Supervisory District if we move or if my child stops attending prekindergarten 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: _____

Barre Unified Union Student Registration Form

Date: _____

This student resides in (circle one): Barre City Barre Town **Grade Level:** _____

Other town of residence: _____

Student Information:Name _____
First Middle Last**Gender:** _____

Home Telephone _____

Email address: _____

Date of Birth _____/_____/_____

Place of birth _____

Ethnicity:

Hispanic/Latino: Y or N

Race: (Please check all that apply)

____ White ____ Native Hawaiian or other Pacific Islander ____ Black or African American

____ Asian ____ American Indian or Alaska Native ____ Other: _____

Has this student ever been enrolled at a Barre City or Barre Town School before? Yes____ No____
If so, where? _____**Physical Address:** _____

City _____ Zip _____

Mailing Address (if different than street address):

_____ City _____ Zip _____

Student lives with _____

Legal or Custodial papers _yes / no_ Please Explain: _____

Please list any person(s) not permitted to have contact with your child:

Office Use Only:	Grade Level _____	Forms to: <input type="checkbox"/> Nurse <input type="checkbox"/> Transportation
<input type="checkbox"/> Proof of residency		<input type="checkbox"/> Administrator <input type="checkbox"/> Guidance Counselor
<input type="checkbox"/> Legal Documents Rec'd		<input type="checkbox"/> Special Ed. Coordinator
<input type="checkbox"/> Immunizations		<input type="checkbox"/> Family School Cons
<input type="checkbox"/> Proof of age (eg: birth certificate, religious, hospital or physician's certificate, adoption record, previous school record)		

Student Registration page 2, Student Contacts Student _____

Note: Contacts #1 and #2 will receive information through the school's automated call system

Parent/Guardian: Name: _____ Relationship: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

Parent/Guardian: Name: _____ Relationship: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

If your child is in PreK, there must be at least 2 contacts who are not the parents/guardians:

3rd Contact: Name: _____ Relationship: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

4th Contact: Name: _____ Relationship: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

5th Contact: Name: _____ Relationship: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

Do you want mailings sent to these addresses as well as contact #1? __ no __ yes; # 2 #3 #4 #5
(please circle)

Other authorized people for contact and/or to pick up your child or meet your child at the bus stop:

Name: _____

Home Phone: _____ Address: _____

Cell Phone: _____ Work Phone: _____ Work Place: _____

Email address: _____

Family Information:

Other Children under 20 years old at home

Date of Birth

Has a home visitor ever come to your home for this child (for example, Early Head Start, Children's Integrated Services, etc.)? ___yes / no___; if yes, please explain

Does your child attend preschool/daycare? If yes, where? _____

Has your child attended another school? If so, please provide name and address of school:

Support Services:

Did your child receive extra help in school: ___ yes / no ___

If yes, please check one or more of the following:

___ academic

___ behavioral

___ speech/language

___ adaptive physical education

___ occupational therapy

___ physical therapy

___ other: _____ ___ counseling: ___ in school / ___ outside of school

If yes, was your child receiving support as the result of:

___ an Individual Education Plan (IEP)

___ a Section 504 Plan

___ an Individual Family Service Plan (IFSP)

___ other _____

Any comments regarding these services that may be helpful to us as we plan for your child to start school: _____

Did your child receive any services outside of school that we should be aware of ___yes / no ___

If yes, please explain _____

Are there any relatives at the same grade level as your child? ___ no / ___yes: _____

Name

Additional Documents Required (prior to your child attending school):

1) Immunization Record, 2) Proof of Student's Age (birth certificate, religious, hospital or physician's certificate, adoption record, previous school record), 3) Proof of Parent's/Guardian's Residence (copy of current: residential property tax bill/rental agreement/utility bill with location of service)

Student _____

This page only needs to be completed if the student is being state-placed.

State-Placed Student Enrollment Questions:

Is the child in DCF custody? ___yes / no___; if no, proceed to next page.

If yes, DCF district office: _____ Case Manager: _____ Phone: _____

Is the child in the care of another child placing agency? _yes / no_

If yes, which agency? _____
Name phone

Who is the legal guardian/custodian? _____ phone _____

Who is the educational surrogate? _____ phone _____

Where do the child's parent's live?

Mother's name _____ Town: _____

Father's name _____ Town: _____

Is the student on an IEP? _yes / no_

Where did the student last attend school or where was the last educational placement?

Location: _____ Contact name: _____ Phone: _____

Signature of legal guardian

Date

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 ESL 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: E-mail: james.mccobb@state.vt.us Tel: (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:



Vermont Migrant Education Program Identification and Recruitment

Agricultural Employment Survey

617 Comstock Road, Ste. #5
Berlin, Vermont 05602-9194

Tel. 802-223-2389, ext. 20
Fax 802-223-6500

Please complete this form and return it to the school office or to the address listed above.

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?

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

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.

Parent Name _____ Date completed _____

Address _____

Home Telephone _____ Message phone _____

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:

12/03



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

This page only needs to be completed if your child attends the public school.