

# 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):*

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- [2017-2018 Application for Free and Reduced Price School Meals](#) (use the link here)
- [2017-2018 Application for Free School Milk](#) (use the link here)



# Student Information - Enrollment Form

(for newly enrolled students; p.1 of 6)

- Bridport (PK-6)
  Cornwall (PK-6)
  Mary Hogan (PK-6)
  Ripton (PK-6)
  Salisbury (PK-6)
  Shoreham (K-6)
  Weybridge (K-6)
  MUMS (7-8)
  MUHS (9-12)
  Early Ed. (PK)

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: Any other last name  
*proof of residency required (see page 3)* 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

(for newly enrolled students; p.2 of 6)

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

<b>Contact 1 Name:</b>	<b>Contact 2 Name:</b>
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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	Student lives with <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared
<b>Contact 3 Name:</b>	<b>Contact 4 Name:</b>
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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	Student lives with <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared
Are there any Court Orders of which the school should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> 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

(for newly enrolled students and recently moved families; p.3 of 6)

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 ACSD Homeless Liaison, Erika Garner, at 382-1274.

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: \_\_\_\_\_

Printed name of Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*\*\*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 - Enrollment Form

(for newly enrolled students; p.4 of 6)

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

First Name:	Last Name:	Date of Birth (Month/Day/Year)	Gender: Female <input type="checkbox"/> Male <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 <i>will</i> the student attend?		
Beginning date in this school (Month/Day/Year):	What grade will the student enter?	School Staff conducting survey:



# Student Health Information - Enrollment Form

(for newly enrolled students; p.5 of 6)

Please note: Confidential information about your child's health may be shared only with other school staff that need to know to protect your child's safety. They are told to keep this health information private and not to share with anyone else. If there is health information you would like not to be shared, please contact the school nurse.

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

## Medical History:

**Birth History:** At how many weeks gestation was your child born? \_\_\_\_\_ weeks gestation.  
What if any complications were there?

Has your child ever been a **patient in a hospital** (other than a few days after birth)?  Yes  No  
(If yes, explain why and when below.)

### History of Hospitalization and/or Surgery:

### When

(ex: bike accident - concussion)

5 years old

## Medication History:

Is your child taking any **prescription medicines** including an inhaler or breathing treatment?  Yes  No  
(If yes, list the child's medicines below)

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.

Allergies:	Yes	No	Please explain what your child is allergic to and what happens when your child has a reaction.
Environmental Allergies (ex: grass, pollen, dust)			(ex: dust / swollen eyes and runny nose)
Food Allergies (ex: peanuts, milk, wheat)			
Insects or Animal Allergies (ex: bees, wasps, cats)			
Medicine or Vaccines			

Does your child have an Epi-Pen or Auvi-Q?  Yes  No  
(If yes, please provide your school with a current **Emergency Action Plan** from your primary care provider)



# Student Health Information - Enrollment Form

(for newly enrolled students; p.6 of 6)

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

<b>Medical Conditions/Injuries</b> (If yes, please circle or describe the appropriate condition and provide additional detail.)			
	<b>Yes</b>	<b>No</b>	<b>Date / Additional Details</b> (If yes, provide date(s))
<b>Chicken Pox</b>			
<b>Head Injury or Concussion</b>			
<b>Ear Infections</b> (ex: often has them, ear tubes)			
<b>Hearing</b> (ex: has trouble sometimes, wears hearing aid, implants)			
<b>Nose</b> (ex: sinus infection, nosebleeds)			
<b>Eye</b> (ex: blurry vision, wears glasses/contacts, lazy eye)			
<b>Mouth or Throat</b> (ex: strep throat, swallowing issues)			
<b>Toileting Issues</b> (ex: bedwetting, toilet training, soiling underwear)			
<b>Constipation/Bladder</b> (ex: pain when urinating, history of urinary tract infections)			
<b>Back</b> (ex: scoliosis, back pain)			
<b>Muscle and Bone</b> (ex: weak muscles, pain in joints, sprain or strain, broken bones)			
<b>Skin</b> (ex: acne, flaking skin, rashes, hives, eczema/psoriasis)			
<b>Neurological</b> (ex: history of seizures, frequent or severe headaches/migraines)			
<b>ADD/ADHD</b> (ex: trouble paying attention or sitting still)			
<b>Breathing</b> (ex: cough, asthma, pneumonia, bronchitis, frequent respiratory colds)			(If asthma, please provide the school a copy of the child's Asthma Action Plan)
<b>Heart</b> (ex: fast or irregular heartbeat, murmur, birth defect, history of heart disease, activity restrictions)			
<b>Feelings/Emotions</b> (ex: depression, anxiety, fears/phobias, traumatic life event)			
<b>Eating</b> (ex: anorexia, bulimia, malnourishment)			
<b>Sleeping</b> (ex: trouble sleeping)			
<b>Other:</b>			



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!**





