

South Burlington School District
ACT 166 Funding Application
School Year 2016-2017

DATE _____

Name of Preschool Your Child will Attend: _____

Student's Name _____
First Middle Last

Birth date _____ (Please attach a copy of your child's birth certificate) Gender F ___ M ___

Please list siblings currently attending South Burlington Schools

Student Name	Date of Birth	Name of School

Student's Physical Address _____

City, State, Zip _____

Mailing address if different from above _____

Child lives with _____ Mom _____ Dad _____ Both Parents _____ Other (Please Name) _____

Ethnic Group and Race Categories. The Federal and State government require that **both** these questions be answered and provide only the following categories for ethnic group and race. If questions 1 and 2 are not answered, school personnel are required to make selections for both.

1. Is the student Hispanic or Latino? (choose only one)
 - Yes, Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, Central American or other Spanish culture or origin, regardless of race.)
 - No, Hispanic or Latino**

2. What is the students race (select all that apply)
 - American Indian/Alaskan Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliations or community attachment)
 - Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinents including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
 - Black or African American** (A person having origins in any of the black racial groups of Africa.)
 - Native Hawaiian/Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 - White** (A person having origins in any of the original peoples of Europe, North Africa, or Middle East.)

Please attach a Birth Certificate

Birth City _____ Birth State _____

Birth Country _____

Previous Prekindergarten Education Information
(If no previous Prekindergarten experience, leave blank)

Name of Last Prekindergarten Attended	Telephone Number of Last Prekindergarten	Prekindergarten Type Public ___ Private ___ Home Education ___
Address	City/State	Country
Special Services/Education Plan (Please circle all that apply) Head Start / IEP / ESL / Title 1 / 504 / EST/Other _____		Last Date Attended PreK

Parent/Mother/Guardian Name _____ E-mail address _____
Parent/Mother/Guardian Physical Address _____ Home Phone _____
City, State, Zip _____ Cell Phone/Pager _____
Mailing address if different from above _____
Name of Employer _____ Work Phone _____
Should this person receive mailings? Yes ___ No ___ Does this person have permission to pick up the student? Yes ___ No ___

Parent/Father/Guardian Name _____ E-mail address _____
Parent/Father/Guardian Physical Address _____ Home Phone _____
City, State, Zip _____ Cell Phone/Pager _____
Mailing address if different from above _____
Name of Employer _____ Work Phone _____
Should this person receive mailings? Yes ___ No ___ Does this person have permission to pick up the student? Yes ___ No ___

Stepparent Name (if applicable) _____ E-mail address _____
Stepparent Physical Address _____ Home Phone _____
City, State, Zip _____ Cell Phone/Pager _____
Mailing address if different from above _____
Name of Employer _____ Work Phone _____
Should this person receive mailings? Yes ___ No ___ Does this person have permission to pick up the student? Yes ___ No ___

Stepparent Name (if applicable) _____ E-mail address _____
Stepparent Physical Address _____ Home Phone _____
City, State, Zip _____ Cell Phone/Pager _____
Mailing address if different from above _____
Name of Employer _____ Work Phone _____
Should this person receive mailings? Yes ___ No ___ Does this person have permission to pick up the student? Yes ___ No ___

Is there any reason for this school to have any concern about this student's safety or the safety of others with whom s/he will have contact?
Yes ___ No ___ (If yes, please give details)
Name anyone forbidden access (by court order) to this child ** _____ Relationship to Child _____
Name anyone forbidden access (by court order) to this child ** _____ Relationship to Child _____
****The school needs a copy of a court order on file.**

Parent/Guardian Signature: _____

Child Find Notice

The South Burlington School District wishes to inform interested parties that all individuals with disabilities from birth through age of 21, who are in need of special education and related services, need to be identified, located and evaluated. Also, any person between the ages of 3 through 21, who is need of special education and related services, is entitled to a free and appropriate public education. Therefore, anyone who has information about individuals with disabilities should contact the Superintendent's Office at 500 Dorset Street, South Burlington, Vermont, 05403 652-7253.

Family Education Rights Privacy Act Notice

The South Burlington Board of School Directors endorses the right of parents, legal guardians, and students who are 18 years or older to inspect and review any and all official records and further endorses the protection of individual rights to privacy and confidentiality as put forth in Public law 93-380, Section 513 (Family Education Rights and Privacy Act of 1994) and South Burlington School District Policy 2.8. For additional information contact the Superintendent's Office, 500 Dorset Street, South Burlington, Vermont (802) 652-7253.

PROOF OF RESIDENCY REQUIREMENT (please provide the following)

1. Proof of South Burlington, Vermont residency from ONE of the following:

- Renters agreement or copy of lease showing South Burlington address and name of parent/legal guardian
- Notarized letter from landlord stating South Burlington address and name of parent/legal guardian, along with the landlord's address and telephone number
- Mortgage or title showing South Burlington address and name of parent/legal guardian

AND

2. Proof of South Burlington, Vermont residency from TWO of the following:

- Valid Vermont driver's license with South Burlington address
- Valid Vermont identification card with South Burlington address
- Valid voter registration card or receipt with South Burlington address
- Valid Vermont vehicle registration card
- Current utility bill in your name
- Valid automobile insurance card with address showing
- Bank statement for last or current month (financial information redacted)

If you **do not** have the documentation listed in sections 1 and 2 above, you need to contact Denise Mowczan at (802) 652-7183.

Name of school personnel who has verified above _____ Date _____

ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE

Mail, Email, or Fax your completed registration packet to:

**Pre-Kindergarten Registration
South Burlington Superintendent's Office
500 Dorset Street
South Burlington, VT 05403
dgilroy@sbschools.net or lmickel@sbschools.net
FAX: (802) 652-7257**