



Southwest Vermont Supervisory Union – A union of PreK-12 districts in Southern Vermont

· Mt. Anthony Union High School · Arlington High School · Mt. Anthony Union Middle School · Shaftsbury Elementary · Molly Stark Elementary · Bennington Elementary · Monument Elementary · Pownal Elementary · Woodford Elementary

Student Enrollment Packet

Pre Kindergarten – Grade 12

Child's Name: _____ Grade: _____

1. Please make sure to complete and return this entire packet of information. Each page contains valuable information about your child.
2. Along with this completed packet, we need the following documents to be submitted. These documents are **required** in order to complete the enrollment process:

- A copy of your child's **Birth Certificate**
- A copy of your child's **Immunization Records**
- **Two forms of Proof of Residency** for the primary household (one primary and one secondary proof is required), documents with a PO Box will not be accepted.

A Primary Proof would be the following...

- Mortgage Document, Renter's Contract, Shelter Agreement, or Notarized Landlord Statement
- Property Tax Bill with physical address
- Homeowners/Renters Insurance Policy

A Secondary Proof would be one of the follow...

- Current utility bill (ie: electric, landline phone, fuel, town water/sewer, cable/satellite, oil/propane)
- Auto vehicle insurance policy or registration card
- Government issued document (ie: Income Tax records, social security statement)
- State issued letter (ie: Department of Children and Families, Medical/Health Insurance document)
- Approved Voter Registration Letter from Town/City Clerk
- Current paystub

If you are unsure please call before sending in your proof of residency to verify what you are sending will be accepted.

3. Return completed packet to:

Pre-K Packets:
 SVSU Early Education Programs
 Attn: Enrollment Registrar
 181 Orchard Rd
 Bennington, VT 05201

K-12 Packets:
 SVSU Administrative Offices
 Attn: Enrollment Registrar
 184 North Street, Suite 1
 Bennington, VT 05201

Arlington Packets:
 Arlington Memorial High School
 Attn: Enrollment Registrar
 529 E Arlington Rd
 Arlington, VT 05250

4. You will be notified of school assignment and start date by the school administration.

Official Use Only:

School _____	Start Date _____	
_____ Complete Enrollment Packet	_____ IC Census	_____ IC Enrolled
_____ Birth Certificate	_____ Primary Language	_____ Income Form
_____ Immunizations	_____ Paperwork to school/file	_____ Parent notified
_____ 2 Proofs of Residency	_____ School Notified	_____ of school

SVSU Early Education Program
Publicly Funded Prekindergarten
Parental Agreement
(This form is for Pre-K enrollment only)

Child's Name: _____

Does the student currently attend Childcare or Preschool? _____ Where? _____

I authorize (please initial next to each item):

_____ My Early Education Program Provider to share my child's records with SVSU
○ To include as appropriate- health information, updated registration information, incident/accident reports, etc.

_____ My Early Education Program Provider to share my child's assessment with SVSU
○ The Vermont Agency of Education requires SVSU and Pre-K Partner Programs to track child's progress at least two times per year; your child's current provider is who collects this data.

_____ My Early Education Program Provider to share my child's enrollment, attendance, financial and other reports required by SVSU
○ In order to accurately track student outcomes, this information is important so that the SVSU is able to accurately assess child progress and public pre-k as a whole.

_____ My Early Education Program Provider has clearly communicated to me what my child's Publicly Funded Pre-K hours are and I understand that I cannot be charged for these hours, as these are paid for by the SVSU district in compliance with VT ACT 166 regulations.

_____ My Early Education Program Provider to work with and share information regarding my child with the licensed mentor teacher provided by SVSU on a regular basis
○ If applicable- at some programs, an SVSU provided licensed mentor teacher is assigned to support the children and their Pre-K Program Provider in lieu of full tuition assistance.

Parent/Guardian Signature: _____ Date: _____

Parent Comments:

(Parent permission is required for all five sections to qualify for Publicly Funded Prekindergarten. This form is used to make parents aware of the information being shared between your provider and the SVSU district per state regulations)

Student Information

Student's LEGAL Name: _____
FIRST MIDDLE LAST

Parent's Name: _____ Parent's Name: _____

 Mother Father Other _____
 Mother Father Other _____

Legal Custody: Both Parents Mother* Father* ODCF* Guardian* Other _____
(*Please provide legal documentation of custody at the time of enrollment)

Student's Date of Birth: _____ Grade: _____

Gender: Male _____ Female _____ Pronouns: She/Her He/Him They/Them

Race: (check all that apply) American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity: Hispanic/Latino Yes No

(Race and Ethnicity information is provided to the State of Vermont Agency of Education for the following purposes:
 The AOE is required to submit enrollment, dropout, graduation, and other data by racial/ethnic categories.)

Are there any special custody/guardianship arrangements determined by the court? _____
 If yes, please specify and attach legal documentation.

Primary Household Information

(This is the address where the student primarily resides)

Permanent Address: _____
Number Street Apt/Lot

_____ City State Zip Code

Mailing Address: (PO Box or other address if different) _____

List ALL persons residing in the Primary Household

First Name	Last Name	Date of Birth	Relationship to Student

Parent/Guardian Information Worksheet
Primary Household

Parent/Guardian Information: (This is the parent, guardian, or step-parent living in the primary household):

Parent/Guardian Name: _____ DOB: _____/_____/_____
FIRST MIDDLE LAST MONTH DAY YEAR

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____ Primary Language: _____

Parent/Guardian Legal Guardian (by court) Step-Parent Foster Parent Other _____

Parent/Guardian Name: _____ DOB: _____/_____/_____
FIRST MIDDLE LAST MONTH DAY YEAR

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____ Primary Language: _____

Parent/Guardian Legal Guardian (by court) Step-Parent Foster Parent Other _____

Parent/Guardian Messenger Communication & Alert Preferences

*Text and Data rates may apply

Parent/Guardian Name: _____ Email Home Voicemail Cell Voicemail Text

Parent/Guardian Name: _____ Email Home Voicemail Cell Voicemail Text

Parent/Guardian Name: _____ Email Home Voicemail Cell Voicemail Text

Parent/Guardian Name: _____ Email Home Voicemail Cell Voicemail Text

If student is in custody of the Department for Children and Families:

Town of Legal Residence of Biological Mother: _____

Town of Legal Residence of Biological Father: _____

Parent Rights Terminated: YES NO

**Are there any special custody/guardianship arrangements determined by the court? YES NO
 If yes, please specify and attach legal documentation.

Secondary Household Information
 (This section should be completed if one parent/guardian does not live in primary household)

Secondary Address: _____
Number Street Apt/Lot

_____ City State Zip Code

Mailing Address: (PO Box or other address if different) _____

List ALL persons residing in the Secondary Household

First Name	Last Name	Date of Birth	Relationship to Student

Secondary Parent/Guardian Information: (This is the parent, guardian, or step-parent living in the secondary household)

Parent/Guardian Name: _____ DOB: _____ / _____ / _____
FIRST MIDDLE LAST MONTH DAY YEAR

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____ Primary Language: _____

Parent/Guardian Legal Guardian (by court)* Step-Parent Foster Parent *

Other _____

Parent/Guardian Name: _____ DOB: _____ / _____ / _____
FIRST MIDDLE LAST MONTH DAY YEAR

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____ Primary Language: _____

Parent/Guardian Legal Guardian (by court)* Step-Parent Foster Parent *

Other _____

*Court document granting legal custody must be provided.

Students Name: _____

Grade: _____

SVSU School District

Alternative and Emergency Contacts & Check-Out Consent

If parents/guardians cannot be reached the following people can be contacted. These individuals WILL be asked to show Photo Identification when picking up your child. (Please provide a minimum of 2 contacts)

Name: _____ Date of Birth: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

May Pick Up Emergency Contact ONLY to reach Parent/Guardian, May NOT Pick Up

Name: _____ Date of Birth: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

May Pick Up Emergency Contact ONLY to reach Parent/Guardian, May NOT Pick Up

Name: _____ Date of Birth: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

May Pick Up Emergency Contact ONLY to reach Parent/Guardian, May NOT Pick Up

Name: _____ Date of Birth: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

May Pick Up Emergency Contact ONLY to reach Parent/Guardian, May NOT Pick Up

I authorize the SVSU School District to release my child, from school and/or off the bus, to the people listed above. (Any changes to this list must be received in writing, signed and dated)

Parent/Guardian Signature _____ Date _____

***The following pages are for medical purposes and will be sent to the school nurses.**

Please fill out the following pages based on what school the child will be attending.

The school names are listed at the top of the page and each medical form is 2 pages.

Elementary Schools

· Bennington Elementary · Fisher Elementary · Molly Stark Elementary · Monument Elementary · Pownal Elementary ·
· Shaftsbury Elementary · Woodford Elementary ·

Health Office Permission and Authorization Form

Student Name: _____ Birth Date: _____ Teacher _____ Grade: _____
 Parent/Guardian Name: _____ Phone# _____
 Emergency Contact Name: _____ Relationship: _____ Phone numbers _____
 Alternate Persons _____ Phone Number _____

I give permission for my child to receive the following medications at school if needed (Please mark Yes or No for each one):

Medication	YES or NO	Medication	YES or NO
Acetaminophen (e.g. Tylenol)		Cough Drops (if available)	
Ibuprofen		Antibiotic Ointment	
Diphenhydramine (e.g. Benadryl)		Hydrocortisone Cream	
Antacid Tabs (if available)		Topical Analgesic (ex.anbesol/Oragel, burn spray, sting relief)	
Loratadine (Allergy Tablet)			

***IF your child will be taking any medication at school then please make arrangements with the school nurse.**

****Medications may no be sent into school with students. They must be brought in by a designated adult.**

Consent/Permission - circle yes or no

I give permission for the School Nurse to share my child's medical information with teachers as needed YES / NO

I give permission for my child to meet with the School Counselor. Yes / NO

I give permission for my child to receive emergency care at SVMC as needed YES / NO

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date _____

Revision date June 2023

Medical History

Health Insurance: _____ (If you need health insurance call 1-800-250-8427 or visit www.greenmountaincare.org)

Doctor's Name: _____ Date of last exam (month/year) _____

Dentist's Name: _____ Date of last exam(month/year) _____

Psychologist/Counselor's Name/agency and office ex. UCS: _____

Please list any health problems (ex. Seizures, Diabetes, ADHD, Anxiety, Mood disorder):

Has a doctor, nurse, or other health professional ever said that your child has asthma? YES / NO / Don't know

If YES, does your child still have asthma (**IF YES and your child has an inhaler, please provide nurse with Dr. order/Action Plan and an inhaler with prescription box**) YES / NO / Don't know

Please list all medications your child is taking:

Please list any and all allergies - severe (contact nurse ASAP to discuss school precautions) or mild (include dairy or lactose) and describe the allergic reaction:

Is an Epi-Pen needed for allergies? YES / NO (**IF YES then please provide nurse with Dr. order/Action Plan and Epi-Pen with prescription box**)

Does your child wear glasses? YES / NO Date of last eye exam (month/year) _____

Does your child have a history of Ear Infection/Ear Tube Placement? YES / NO

ENT Provider's name _____ Date of last ENT exam _____

Is your child diagnosed with a hearing loss or wear hearing aids? YES / NO

Describe:

Middle School and High School

· Arlington Memorial High School · Mt. Anthony Middle School · Mt. Anthony High School ·

Health Office Permission and Authorization Form

Student Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Medications

I give permission for my student to receive the following medications at school if needed (Please mark Yes or No for each one):

Acetaminophen (e.g. Tylenol)		Cough Drops / Cepacol Lozenge	
Ibuprofen (e.g. Advil)		Tums / Antacids	
Diphenhydramine (e.g. Benadryl)		Over The Counter topical ointments and lotions (e.g. Hydrocortisone cream)	
Antibiotic Ointment		Topical Analgesic (e.g. Oragel)	
Blistex / Lip Balm		Multi Symptom Cold Tablet *Must be 12 and older	
Allergy Tablet (e.g. Loratadine)		Menstrual Relief / Cramp Tablets *Must be 12 and older	
Topical Benadryl cream		Antiseptic Wash	
Calamine lotion / Caladryl Clear		Burn Spray (Lidocaine HCL 2%)	

Consent/Permission

I give permission for the School Nurse to share my student's medical information with my student's teacher on an as needed basis. Yes _____ No _____

I give permission for my student to receive emergency services as required at SVMC Emergency Room. Yes _____ No _____

Parent/Guardian Name (Please print): _____ Date _____

Parent/Guardian Signature: _____

Medical History

Health Insurance: _____ (If you need health insurance call 1-800-250-8427 or www.greenmountaincare.org)

Doctor's Name: _____ Date of last exam: _____

Dentist's Name: _____ Date of last exam: _____

Psychologist/Counselor Name _____

Please list any health problems or disabilities (ex. Diabetes, Reflux, ADHD, Anxiety):

Please list all daily medications:

Has a doctor, nurse, or other health professional ever said that your student has asthma? Yes/ No/Unsure
If yes, does your student still have asthma? Yes/No/Unsure (If yes, please provide Action Plan)

Please list allergies and describe the allergic reaction:

Is Epi-Pen needed for allergies? Yes/No (If yes, please provide Action Plan and Epi-Pen)

Has your student ever needed glasses? Yes/No if yes Do they currently have glasses? Yes/No

Date of last eye exam _____

Does your student have a history of ear infections/ear tube placement? Yes/No

ENT Providers Name _____ Date of last exam _____

Is your student diagnosed with hearing loss or wears hearing aids? Yes/No

Describe:

Student Name: _____ Grade: _____

Southwest Vermont Supervisory Union

Video Tape And/Or Photographs Informed Consent

Video technology is an excellent tool for working with children. Videos may be used for such things as instruction, modeling, role play, speech and language therapy and documenting student progress.

In summary of SVSU Policy #1020 section 5, please see www.svsu.org for full policy details.

Throughout the year, students may be photographed or videotaped while participating in classroom activities or school events. The Southwest Vermont Supervisory Union may publish pictures and/or videos of students on our website, social media, printed materials or related sources. Occasionally, these images may be selected to be shared in community spaces and local news sources. If you DO NOT want your child's image used for the purposes listed above, please select "withhold information"

_____ Yes, I agree

_____ Withhold all photographs, videotapes, class artwork and projects relating to my child from outside media sources, school websites, social media, and printed materials.

I have read and understand the above:

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Student Name: _____ Grade: _____

Southwest Vermont Supervisory Union Student Acceptable Use/Telecommunications and Network Policy summary

Southwest Vermont Supervisory Union provides students access to the district’s electronic network which includes internet access, networking services, videoconferencing, computer equipment and related devices in preparation for success in life and work in the 21st Century. This document contains the rules and procedures for students’ acceptable use of the Southwest Vermont Supervisory Union’s electronic network.

The school district utilizes filtering technology designed to block materials that are obscene, inappropriate, or pornographic. While precautions are taken to supervise student use of technology resources, **the student must practice responsible, ethical, and safe behavior while adhering to this Acceptable Use/Telecommunications and Network Policy as well as other state and federal laws.**

Computer and Internet activity is monitored for all individuals period. The students should have no expectation of privacy in their use of district-owned devices and network resources. The administration and staff may revoke or suspend user access if these terms are violated.

In summary of SVSU Policy #6141, please see www.svsu.org for full policy details.

Acceptable Use of Computer Network

- I give permission for my child to access all components of the district computer network and release the district from any and all claims and damages of any nature arising from the use of this network.

Yes

No

Parent/Guardian Signature _____ Date _____

This form must be completed and signed



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.



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



Appendix B: Home Language Survey

Dear Parent/Guardian(s):

Vermont welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset for individuals, families, and communities. We encourage families to maintain their languages while learning English. In order to ensure meaningful communication between your family and our school, please let us know if you have questions and/or would like translation/interpreting services related to this survey or other important school notices.

In order to meet challenging academic standards for all students, Federal law requires that public schools identify students who may be entitled to English language support services. Every parent/guardian of newly enrolling students in Kindergarten through grade 12 must complete the survey questions (below) at registration. An English Learner (EL) Specialist may request further information, if needed, to determine whether your student should be classified as an English Learner (EL) and is eligible to receive additional services.

Thanks very much for your time in completing this form! Please be assured that the survey information is used solely for educational purposes, to identify potential English Learners who might be eligible for English language support.

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	
1. What language(s) are spoken in your home?			
2. What language do you most <i>often</i> speak to your child?			
3. What language does your child <i>currently</i> use most often at home?			
4. What is the native language of each parent/guardian?			
5. What language did your child first speak or understand?			

For LEA Use Only:
What school will the student attend?
What grade will the student enter?
Beginning date in this school (Month/Day/Year):
This student was screened for English Language Proficiency and identified as an English Learner (EL) ?* Y / N Name of Test Administrator: Date Student Screened:
<i>If not identified as an English Learner, does the student meet the ESSA Definition of "Immigrant Children and Youth"?</i> * Y / N Under ESSA, the term 'immigrant children and youth' means individuals who – "(A) are aged 3 through 21; "(B) were not born in any State (including Puerto Rico); and "(C) have not been attending one or more schools in any one or more States for more than 3 full academic years."

*LEAs should submit HLSs to the VT-AOE using the HLS collection site only for students who have been:
1. Screened by EL Professionals for English Language Proficiency and identified as ELs; and/or
2. Identified as eligible to be counted under the "Immigrant Children and Youth" definition.

Dear Parents and School Community Members,

Welcome to the Southwest Vermont Supervisory Union! We truly appreciate your support for your students and our schools.

Background

It is our job to get as many dollars as possible for each student in our districts. Some private, state and federal grants and programs decide how much money we should receive based upon the demographics of our student populations. The more data we collect, the more money we may receive.

Goal

Our goal is to ensure that our students receive the maximum amount of funds that we are eligible to receive by encouraging our schools to complete the School Funding Form. To receive the maximum amount, we must have 100% of eligible students/families complete the steps below.

All we will need from you is to:

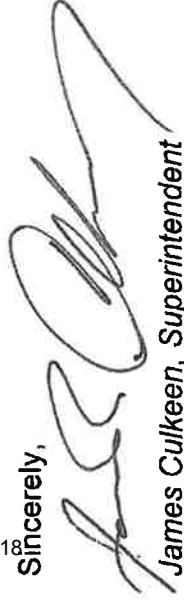
Complete all required sections of the School Funding Form.

Sign the form with your signature.

Please return this form to your student's school at your earliest convenience.

By completing the form and turning it in as soon as possible, you will help our schools reach the above stated goal and greatly contribute to enabling us to better serve our students.

Sincerely,



James Culkeen, Superintendent

Do I need to fill out a form for each child? No. Use one School Funding Form for all students in your household. We cannot use a form that is incomplete, so be sure to fill out all required information. Return the form to any school office.

Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. Do not include people who you do not support, nor share income with you or your children.

What if my income is not always the same? List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 a per month. Only include overtime if you always get it. If you have lost a job or had your hours or wages reduced, use your current income.

We are in the military. Do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

My spouse is deployed to a combat zone. Is his/her combat pay counted as income? No. If the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income.

If you have other question or need help, call. 802-447-7501.



<p>2023-24 Household Income Data Collection</p> <p>Help us provide the best education possible for your children. Filling out this form only takes a few minutes. It will help your community, your school and your property taxes. The information you give helps your school access federal and state education dollars. This funding supports reading, math, science, arts, PE, afterschool and other vital programming. The privacy of your household financial information is protected by law. Information collected through this form will be handled in accordance with privacy requirements. Only one form needed per household.</p>	<p>Please return this form to:</p>
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Section 1: Student Information - List all students in the household, Pre-Kindergarten through grade 12.

First Name	MI	Last Name	Date of Birth	Grade Level	School Name

**If more spaces are required for additional names, please add them to the Section 1 table continued on reverse side of this form.*

Section 2: Assistance Programs - If your household receives assistance from any of the following programs, please check the appropriate box below.

3SquaresVT (SNAP) Reach Up (TANF) *if you selected a Program, please skip to Section 4.*

Section 3: Household Income Information - Please select your household size and then the appropriate income range for that household size.

- Household size is the total number of people, including all children and adults, related and un-related, that live with you and share income and expenses.
- Combined annual income is the total amount of income of all household members, including children, from the following sources: Work, public assistance, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Household Size	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8
Combined Annual Income Range	<input type="checkbox"/> \$26,973 or less	<input type="checkbox"/> \$36,482 or less	<input type="checkbox"/> \$45,991 or less	<input type="checkbox"/> \$55,500 or less	<input type="checkbox"/> \$65,009 or less	<input type="checkbox"/> \$74,518 or less	<input type="checkbox"/> \$84,027 or less	<input type="checkbox"/> \$93,536 or less
	<input type="checkbox"/> More than \$26,973	<input type="checkbox"/> More than \$36,482	<input type="checkbox"/> More than \$45,991	<input type="checkbox"/> More than \$55,500	<input type="checkbox"/> More than \$65,009	<input type="checkbox"/> More than \$74,518	<input type="checkbox"/> More than \$84,027	<input type="checkbox"/> More than \$93,536

If your household has 9 or more people, please enter your information here: Household Size: Household Income:

Section 4: Contact Information & Signature

"I certify (promise) that all information on this application is true, to the best of my knowledge, and that all income is reported."

Name of adult completing this form: _____ Signature of adult completing this form: _____

City: _____ Email (optional): _____ Phone (optional): _____

Authorization to Release Confidential Information

Students Previous School Information

Previous School Name: _____

School Address: _____

Phone Number: _____ Fax Number: _____

Students Name	Grade	Date of Birth

Is the student on an IEP, 504 or receiving special services? _____ If yes, please provide as much information as possible:

Southwest Vermont Supervisory Union is requesting all available academic, health, psychological, social, IEP's annual reviews as well as third party reports pertaining to the above listed student(s) to the above address as soon as possible. We understand that the information will be used for educational purposes and will be treated as confidential information in accordance with applicable federal and state law.

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational records, Federal Register, June 17, 1976, vol. 41 No 118-page 24673)

Office Use Only:

Southwest Vermont Supervisory Union

Administrative Offices

184 North St Suite 1, Bennington, VT 05201

Phone: 802-447-7501 Fax: 802-433-4141

Release and send to: **The Southwest Vermont Supervisory Union school indicated below:**

<input type="checkbox"/> Molly Stark Elementary 181 Orchard Road Bennington, VT 05201 Phone: 802-442-2692 Fax: 802-419-9621	<input type="checkbox"/> Bennington Elementary 128 Park Street Bennington, VT 05201 Phone: 802-442-5256 Fax: 802-419-9488	<input type="checkbox"/> Monument Elementary 66 Main Street Bennington, VT 05201 Phone: 802-447-7979 Fax: 802-739-0276
<input type="checkbox"/> Pownal Elementary 94 School House Road Pownal, VT 05261 Phone: 802-823-7333 Fax: 802-823-4031	<input type="checkbox"/> Shaftsbury Elementary 150 Buck Hill Road Shaftsbury, VT 05262 Phone: 802-442-4373 Fax: 802-442-3588	<input type="checkbox"/> Woodford Elementary 995 VT Route 9 Bennington, VT 05201 Phone: 802-442-4071 Fax: 802-419-9483
<input type="checkbox"/> Mt. Anthony Union Middle School 747 East Road Bennington, VT 05201 Phone: 802-447-7541 Fax: 802-442-1262	<input type="checkbox"/> Mt. Anthony Union High School 301 Park Street Bennington, VT 05201 Phone: 802-447-7511 Fax: 802-442-1260	<input type="checkbox"/> SVSU Early Education Program 181 Orchard Rd Bennington, VT 05201 Phone: 802-447-8419 Fax: 802-419-9466
<input type="checkbox"/> Fisher Elementary School 504 E. Arlington Road Arlington, VT 05250 Phone: 802-375-6409 Fax: 802-375-1544	<input type="checkbox"/> Arlington Memorial High School 529 E. Arlington Road Arlington, VT 05250 Phone: 802-375-2589 Fax: 802-375-1547	