

WINDHAM SOUTHWEST SUPERVISORY UNION

Office of the Superintendent of Schools

1 School Street

Wilmington, VT 05363

802-464-1300

wssu@sover.net

Halifax Readsboro Searsburg Stamford Whitingham Wilmington

Publicly Funded Preschool Program

Parent Registration Application Form

Child's Name: _____ Date of Birth: _____ Gender _____

Home Phone: _____ Primary Home Language: _____

Mailing Address: _____ Street Address: _____

Foster Care or Ward of State: Yes No, If yes, Complete State-Place Student Enrollment Questionnaire

Child lives with: Parent 1 (specify below) Parent 2 (specify below) Both Parents Other (specify): _____

Ethnicity _____

Ethnicity/race information is required for state and federal reporting

Does your child currently attend a preschool program? Yes No If yes, Where? _____

What Preschool Program Partner would you like to send this child to?

Parent 1/Guardian: _____ Relationship to Child: _____

(mother, father, aunt, etc.)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Address (if different from child):

Parent 2/Guardian: _____ Relationship to Child: _____

(mother, father, aunt, etc.)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Address (if different from child):

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Parent Registration Application Form page 2

Sibling Information

Siblings attending school in the Windham Southwest Supervisory Union

Child's Name: _____ Date of Birth: _____ Grade _____

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Child's Name: _____ Date of Birth: _____ Grade _____

Does your child receive special education services with an IEP or One Plan? ___ Yes ___ No

When do you expect your child to enter Kindergarten? _____ (school year)

Which Windham Southwest Supervisory Union school will they attend? _____

THIS REGISTRATION IS DUE TO THE PUBLIC SCHOOL BY OCTOBER FIRST OF EACH YEAR.

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Proof of Residency Form

Child Name: _____

Parent Name: _____

The term residency means where you actually live. To verify your residency, please provide a copy of the following information:

One of the following documents is required to verify residency in Halifax, Readsboro, Searsburg, Stamford, Whitingham, or Wilmington, Vermont.	OR	Two of the following documents are required to verify residency in Halifax, Readsboro, Searsburg, Stamford, Whitingham, or Wilmington, Vermont.
<ul style="list-style-type: none">· A current property tax bill.· Current mortgage papers/closing statement showing a Halifax, Readsboro, Searsburg, Stamford, Whitingham, or Wilmington, Vermont address and the name of the legal parent/guardian, or custodian.· Formal lease showing the name, address and phone number of the landlord; Halifax, Readsboro, Searsburg, Stamford, Whitingham, or Wilmington, Vermont address and name of lessee.· A notarized letter from the landlord stating the address of the residence being leased and the name(s) of the lessee(s) with the landlord's address and phone number.		<ul style="list-style-type: none">· Valid Vermont driver's license with Halifax, Readsboro, Searsburg, Stamford, Whitingham, or Wilmington, Vermont address.· Valid Vermont non-driver ID with Halifax, Readsboro, Searsburg, Stamford, Whitingham, or Wilmington, Vermont address.· Current utility bill in your name, with Halifax, Readsboro, Searsburg, Stamford, Whitingham, or Wilmington, Vermont address.· Valid public aid card.· Bank statement for last or current month (financial information omitted) with Halifax, Readsboro, Searsburg, Stamford, Whitingham, or Wilmington, Vermont address.

Please black out or otherwise remove any information you choose to have remain private. Item(s) presented for proof of residence must show the resident's name and the 911 physical address of the residence.

I have read the above and attest that I meet the residence requirements. A copy of the required documentation (see list above) is included with my application.

Signature: _____ Date: _____

Printed Name: _____

Signature of School Official: _____ Date: _____

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Publicly Funded Preschool Program Parent Consent to Release Form

This form is necessary for attending non-school-based programs.

Child's Name: _____ Date of Birth: _____ Gender _____

Parent Name: _____ Home Phone: _____

Preschool Program Partner _____

Is this child enrolled in the above name Preschool Program Partner? ___Yes ___No ___Not Yet

I give permission for the **Windham Southwest Supervisory Union** to communicate with
the named Preschool Program Partner about my child.

Parent/Guardian Signature

Date

Please return this form with Registration Application for Publicly Funded Preschool Program