



Thetford Elementary School

Thetford, Vermont 05074

Phone: 802-785-2426

Publicly Funded Prekindergarten Education

Local schools pay tuition for 10 hours a week during the school year for a Prekindergarten program in a prequalified early childhood program for children ages 3-5. Children must be 3 years old by September 1; 5 year olds must not be attending Kindergarten.

If your child is a resident of Bradford, Newbury, Corinth, Topsham or Thetford, and you would like to request tuition, please complete the following steps:

Checklist for Registration

1. **Enroll** your child in a **Pre-Qualified** Preschool program for 10 hours a week. The most current list of prequalified programs is found at <http://www.brightfutures.dcf.state.vt.us>

2. **Complete Sections 1 and 2, and return to your local school with:**

a. **Birth Certificate**

b. **Residency Verification**

i. Please provide one of the following:

1. Copy of current tax bill
2. Copy of lease agreement
3. Copy of rent receipt

ii. And two of the following:

1. Voter registration
2. Automobile registration
3. Employment verification
4. Post address (other than a P.O. box)
5. Telephone bill
6. Electric bill

3. **Copy of Custody Agreement** (Only required for parents who are separated or divorced)



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Section 1 Registration

STUDENT INFORMATION				
LAST NAME	FIRST NAME	MIDDLE:	Date of Birth	Gender ___ M ___ F
Mailing Address:		City	State:	Zip
Physical Address (if different from mailing address)		City	State	Zip
Is student eligible for: (check all that apply) ___ IEP ___ State Placed ___ DLL (Dual Language Learner) ___ Migrant ___ Homeless (ie: lack of consistent housing, doubling up with friends or family, etc.)				
Race/ethnicity (check all that apply): ___ White ___ Asian ___ Black/African American ___ Hispanic/Latino ___ American Indian/Alaskan ___ Native Hawaiian/Pacific Islander ___ Other (please specify)				
Language other than English spoken in the home:				
Child lives with: ___ Both parents ___ Parent 1 (specify below) ___ Parent 2 (specify below) ___ Other (specify)				
* Copy of any current court order regarding custody or guardianship for either parent, <u>must</u> be submitted to school.				
PARENT/GUARDIAN INFORMATION				
Parent /Guardian 1			Relationship to Student	
Mailing Address		City	State:	Zip
Physical Address (if different from mailing address)		City	State	Zip
Home Phone: ()		Cell Phone: ()		
Parent /Guardian 2			Relationship to Student	
Mailing Address		City	State:	Zip
Physical Address (if different from mailing address)		City	State	Zip
Home Phone: ()		Cell Phone: ()		

SIBLING INFORMATION		
Name:	DOB:	Age/Grade:
Name:	DOB:	Age/Grade:
Name:	DOB:	Age/Grade:

Section 2 Prequalified Early Childhood Program

Public tuition for Pre-K is for 10 hours a week of high quality early learning during 35 weeks, Sept-June. In order to access funding your child, s/he must attend a Pre-Qualified Program for at least 10 hours a week.

It is the parent’s responsibility to enroll their child in a Prequalified Program. Programs may be found at <http://www.brightfutures.dcf.state.vt.us>. Cost and fees for time above and beyond the 10 hours of PreK education are the responsibility of the parent or guardian.

Information about Your Child’s Prequalified Early Childhood Program			
Name of Program			
Director of Program or contact person		Program Phone Number	
Program Address	Town	VT	Zip

I understand that by enrolling my child to receive Public Funding for Pre-K, my child’s enrollment will be counted by the local school district in which my child resides, and my child will be considered a student of that school district.

I also understand that the Pre-K Program where my child is enrolled will release information regarding my child’s attendance and Teaching Strategies GOLD assessment information with the my child’s local school, Orange East Supervisory Union and the Vermont Agency of Education.

The information provided is accurate and true to the best of my knowledge.

_____ Date
 Parent Signature

For Official Use Only: **Town of Residency:** ___ Bradford ___ Corinth ___ Newbury ___ Thetford ___ Topsham

Date Application Received: ___/___/___ **Date Residency Verified:** ___/___/___ **Registrar Initials:** _____

Verification of child enrollment in PQ PK: date ___/___/___ **by (name)** _____



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REGISTRATION NOTICE REGARDING RESIDENCY

It is important that we determine with absolute certainty a child's place of residence. To meet the State of Vermont's definition of residency, a student must have a parent or legal guardian who resides in the town in which a child will be attending school.

A student who is in the sole custody of a parent who is NOT living in town but may be living with his or her non-custodial parent in town is still NOT considered a resident.

"Residence" means the place that a person actually lives. Residency requirements are NOT met if one owns property, has a post office box or owns a business in town. If you do not meet the state's residency requirements for a particular town, your child is not a resident of that town. The town's school, therefore, is not obligated to pay tuition or provide education.

Please provide **one** of the following:

- Copy of current tax bill
- Copy of lease agreement
- Copy of rent receipt

And **two** of the following:

- Voter registration
- Automobile registration
- Employment verification
- Post address (other than a P.O. box)
- Telephone bill
- Electric bill

Please know that residency and tuition fraud are taken seriously. Information you provide will be verified.

I have read the above and attest that my child meets the residency requirements.

Student Name _____

Parent/ Guardian signature _____ Date _____

911 Address _____