Fletcher Elementary School
340 School Road
Cambridge, Vermont 05444
Phone: 802-849-6251 Fax: 802-849-6509

Christopher Dodge, Principal

ACT 166 STUDENT APPLICATION FORM
2019-2020

Use this form is to request that the Fletcher Elementary School enter into an agreement with a pre-qualified community preschool provider for your three(3), four(4) or five(5) year old child not yet eligible to be enrolled in kindergarten. To be eligible for Act 166 funds, which are paid directly to the prequalified program, your child must be **3 years old** by **9/1/19**, enrolled in a pre-qualified community preschool program and attending this program for at least 10 hours/week for 35 weeks of the school year. To verify if a preschool program is prequalified, go to the Bright Futures Information System at www.brightfutures.dcf.state.vt.us.

CHILD'S INFORMATION

Student Name:_____
DOB:_____ **Age**_____ **Gender**_____
Ethnicity (used for Federal and State Data Collection Purposes): '
African/American, Asian, Chinese, Caucasian, Hispanic, Latino, Native American, Pacific Islander
Multi-Racial, Other _____
Student Resides with:_____
Legal Town of Residence: _____
Siblings:

Name	Grade	School Attending
1._____	_____	_____
2._____	_____	_____
3. _____	_____	_____

Community Preschool Program Name(Enrollment must be confirmed):

_____
Mailing Address:_____
Start Date):_____
Days / Week Enrolled:_____
Hours/ Day Enrolled:_____
Program Director:_____
Phone:_____
Email Address:_____

PARENT/GUARDIAN INFORMATION

Contact # 1:
Name:_____
Relationship to Student:_____
Mailing Address:_____
Physical Address:_____
Home Phone:_____ **Cell Phone:**_____**Work Phone:**_____
Email Address:_____

Contact # 2:
Name:_____
Relationship to Student:_____
Mailing Address:_____
Physical Address:_____
Home Phone:_____ **Cell Phone:**_____**Work Phone:**_____
Email Address:_____

Contact # 3 :
Name:_____
Relationship to Student:_____
Mailing Address:_____
Physical Address:_____
Home Phone:_____ **Cell Phone:**_____**Work Phone:**_____
Email Address:_____

REQUIRED DOCUMENTS

BIRTH CERTIFICATE

Please attach a copy of your child's birth certificate with this application.

VERIFICATION OF RESIDENCY

Please attach **two forms(2) of residency** with this application so that legal residency can be established. Please choose and submit two of the following:

__ A letter from the Town Clerk's office indicating your actual address
__ A copy of your rental agreement indicating the actual location of your residence.
__ A valid driver's license showing your actual address (not a post office box or RFD address)
__ A copy of a utility bill that shows your actual physical address and is dated within two months of this application.

_____ _____
Parent/Guardian Signature **Date**

Return to: Your elementary school or Diana Langston, FWSU, 4497 Highgate Rd, Fairfax, VT 05454

Important Information

1. The Act 166 Funding amount for 2019-2020 school year will be $3567.00. These funds go directly to the prequalified preschool program to cover 10 hours of preschool for 35 weeks of the school year.

2. Please complete and return this form with all of the attachments (birth certificate and 2 proof of residency forms) to **Diana Langston**:

   A. by dropping off these documents to the Administrative Assistant at your local elementary school

   B. By mailing these documents to:

   Diana Langston
   FWSU
   4497 Highbridge Rd.
   Fairfax, VT 05454

3. A completed registration packet must be submitted before payment can begin.

4. Please notify the school district representative, **Diana Langston at dlangston@fwsu.org**, if there is a change in your address or a change in the preschool your child will be attending.

5. **For returning students, submit this form only**. Returning students will **not** need to provide the attached documents (birth certificate and proof of residency) unless there is a change in your address.