ACT 166 STUDENT APPLICATION FORM  
2021-2022

Use this form 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 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 9/1/21, 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.

Return to either: Diana Langston, FWSU, 4497 Highbridge Rd, Fairfax, VT 05454  
Fletcher Elementary School Administrative Assistant

CHILD’S INFORMATION

Student Name:____________________________________________________________________
DOB:__________________________ Age_________________ Gender_______________________
Ethnicity (used for Federal and State Data Collection Purposes):
Is the student Hispanic or Latino:     ____Yes  _____No
What is the student’s race:        ____ American Indian or Alaska Native        ____ Black or African American
        ____ Asian                                                      ____ Native Hawaiian or other Pacific Islander
        ____ White

Community Preschool Program Name(Enrollment must be confirmed with the program):

________________________________________________________________________________
Mailing Address:_________________________________________________________________
Start Date):_____________________________________________________________________
Days/Week Enrolled:________________________________________________________________
Hours/Day Enrolled:________________________________________________________________
Program Director:_________________________________________________________________
Phone:__________________________________________________________________________
Email Address:___________________________________________________________________
PARENT/GUARDIAN INFORMATION

Student Resides with:_____________________________________________________________
Legal Town of Residence: _________________________________________________________

Siblings:

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>School Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________________</td>
<td>______</td>
<td>__________________</td>
</tr>
<tr>
<td>2. __________________</td>
<td>______</td>
<td>__________________</td>
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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
**Important Information**

1. The **Act 166 Funding amount for 2020-2021 school year will be $3536.00**. These funds go directly to the prequalified preschool program on behalf of your child 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 program 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.

*Return to either: Diana Langston, FWSU, 4497 Highbridge Rd, Fairfax, VT 05454*  
*Fletcher Elementary School Administrative Assistant*