

# Student Information Update

## Parent Information:

Parent/Guardian #1 Name: \_\_\_\_\_ Resides in Household with student: Yes  No

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Resides in Household with student: Yes  No

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Student Enrollment Information:

1. Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

2. Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

3. Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

4. Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

5. Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

6. Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Complete only if different from last year:

Emergency Contact (*other than parents*):  Same for all children

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_ Work/Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relation to student: \_\_\_\_\_ Work/Home Phone: \_\_\_\_\_

Daycare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mail form to:  
Hartford School District  
64 Hebard Street  
White River Junction, VT 05001

**REGISTRATION NOTICE REGARDING RESIDENCY**  
**(This must be read and signed by both resident and non-resident parent/guardian)**

Welcome to the Hartford School District. During this registration process, we will do everything possible to ensure that you understand our programs and that we understand the needs of your child.

We also need your cooperation. In fairness to the taxpayers of Hartford, it is imperative that we ascertain, with absolute certainty, your place of residence. In laymen's terms, one of the following criteria must be met to meet the State's residency definitions:

1. A student must have a parent or legal guardian who reside in the Town of Hartford.

Please note an exception to this rule. A student who is in the sole custody of a parent who is not living in Vermont is not considered a resident, even if the student is living with the non-custodial parent in Hartford.

2. A student has reached the age of majority or is considered to be an emancipated minor and resides in the Town of Hartford.

The term "residence" means where one is domiciled, that is, where one actually lives. Residency requirements are not met merely because one owns property in Hartford, nor if one has a post office box in Hartford, nor if one owns a business in Hartford. If you do not meet the state's residency requirement, your child(ren) may not attend the Hartford schools without paying tuition. Satisfactory arrangements for the payment of tuition must be made prior to attendance with the building principal.

If you are unsure of your residency status, please request assistance in making this determination, either with the guidance or principal's office.

Please understand that the Hartford School District takes the matter of residency and tuition fraud very seriously. We have an obligation to verify the residency information you furnish. Should we determine that a false representation has been made regarding residency, the Hartford School District reserves the right to take any and all legal action against you to recover the losses and damages.

Thank you for your cooperation in this important matter.

**RESIDENTS OF THE TOWN OF HARTFORD ONLY**

I have read the above and attest that I meet the residency requirements.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NON RESIDENTS OF THE TOWN OF HARTFORD ONLY**

I am not a resident of the Town of Hartford, I reside in the town of: \_\_\_\_\_

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** Please be aware that Title 13, Section 3016, Vermont Statutes Annotated calls for penalties of up to five years in prison and a fine of \$10,000 for a "false claim."

**Notice of Non-Discrimination**

It is the policy of the Hartford School District not to discriminate in educational programs, activities or employment practices on the basis of race, color, religion, national origin, sex, sexual orientation, age or handicapping conditions under the provisions of Titles VI & IX, Section 504, and the Individuals with Disabilities Education Act (PL 105-17). Any person having inquiries concerning the Hartford School District compliance with these regulations should contact the Superintendent of Schools (295-8600), or Regional Director's Office of Civil Rights, J.W. McCormick POCH Room 222, Boston, MA 02109-4557

Hartford School District  
White River Junction, VT 05001

**\*\*To be completed by Non-Town of Hartford Residents Only\*\***

**- SCHOOL YEAR**  
**TUITION RESIDENCY VOUCHER FORM**

In accordance with Vermont State Statute Title 16, Section 1075, the completed form below will indicate that said student(s) is a "legal pupil(s)" of the Town/District. The Town/District will agree to pay for all costs associated with educating the legal pupils outlined below. This form will be required on an annual basis if the student remains enrolled in the Hartford School District.

**Pupil(s) Names and Dates of Birth:**

_____	_____
(Print Name)	DOB
_____	_____
(Print Name)	DOB
_____	_____
(Print Name)	DOB

**Physical Address:**

\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that the above named students are "legal pupils" of our Town/District as defined by Vermont State Law and the Town/District will be responsible for all tuition costs (including those associated with any support services deemed necessary through a legal Individualized Education Plan and/or 504 Accommodation). Said costs will be billed directly through the Hartford School District and shall be paid in a timely manner. **(A copy of this form will be sent to the Town Official state below after student's first official day of enrollment.)**

\_\_\_\_\_  
Town/District mailing address (print)

_____	_____
Town/District Officials (Print)	Date
_____	_____
Town/District Officials (Signature)	Date

I understand that I will be required to generate another Tuition Residency Voucher Form on an annual basis and/or if residency changes. I understand the penalty for not notifying the school or town official of this change would result in my responsibility for paying private tuition for my student(s). **(This form should be returned to the Hartford School District Registrar prior to official enrollment of student(s) listed above.)**

_____	_____
Parent/Guardian Signature (Print)	Date
_____	_____
Parent/Guardian Signature (Signature)	Date