

Hartford School District  
White River Junction, VT 05001

## New Student Registration Checklist

### YOU WILL NEED:

1. This packet completed
2. Copy of Birth Certificate
3. Proof of Residency – Town of Hartford Residents only, please provide one
  - Current utility bill
  - Current property tax receipt
  - Lease agreement
4. Copy of Drivers License
5. Non-Town of Hartford Residents must complete
  - Tuition Voucher or Private Tuition Voucher
6. Address, phone and fax number of school last attended

**\*\* If you are registering for Pre-K or Kindergarten you will need to provide Immunization Records**

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**\*\*This form must be completed by parent or guardian\*\***

**Primary Household Information:**

*(Even if student lives 50/50 with legally responsible guardians, one guardian MUST be designated as primary)*

(For parent not living in primary household they should be entered on individual student form)

**Parent/Guardian #1 (Living in this household):**

\_\_\_\_\_  Male  Female  
Legal Last Legal First DOB

Have you ever attended Hartford School District? No  Yes   
If yes, under what name? \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian #2 (Living in this household if applicable):**

\_\_\_\_\_  Male  Female  
Legal Last Legal First DOB

Have you ever attended Hartford School District? No  Yes   
If yes, under what name? \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

.....  
\*Home Phone: \_\_\_\_\_

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

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

**Household Residency** *(Identify students who may qualify to receive additional services)*

Where does the family stay at night?

- In a home you own or rent
- Temporarily with another family in a house, mobile home or apartment
- Other (please specify): \_\_\_\_\_

**\*Once registration is completed you will be given access to the parent portal for you to add additional phone numbers and maintain your child(ren's) information**



## Student Enrollment Information:

White River School/Dothan Brook School/Ottauquechee School     Hartford Middle School     Hartford High School

Student's Full Legal Name: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_/\_\_\_/\_\_\_    Gender:     Male     Female    Student's Nickname? \_\_\_\_\_

Parent/Guardian #1 is this child's:     Mother     Father     Guardian     Other \_\_\_\_\_    Legal Custody?     Yes     No  
Parent/Guardian #2 is this child's:     Mother     Father     Guardian     Other \_\_\_\_\_    Legal Custody?     Yes     No

Grade Entering: \_\_\_\_\_    Foster Care – Ward of State     Yes     No  
(If Yes, please fill out "State Placed Student Enrollment Questions")

Hispanic/Latino -     Yes     No

Race: (Please check all that apply)

White     Black/African American     Asian     American Indian/Alaskan Native     Native Hawaiian  
or Other Pacific Islander

U.S. Citizen:     Yes     No    If no, country of residence: \_\_\_\_\_

Has student been receiving instruction from the following:

Special Education     504 Plan     Title 1 (Reading/Math)     N/A

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

Emergency Contact: \_\_\_\_\_    Work/Home Phone: \_\_\_\_\_  
Relation to student: \_\_\_\_\_    Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_    Work/Home Phone: \_\_\_\_\_  
Relation to student: \_\_\_\_\_    Cell Phone: \_\_\_\_\_

Daycare Provider: \_\_\_\_\_    Phone: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

### Parent/Guardian Living at an Address Different from Student

Does this parent/guardian have joint custody?     Yes     No  
(If YES, does student reside with this parent/guardian at least 50% of the time?     Yes     No)

Should this parent/guardian receive school information?     Yes     No

Does this person have legal rights to this student?     Yes     No  
(if NO, a copy of the court order MUST be provided to the school)

Legal Name: \_\_\_\_\_    Male     Female   
Relationship to student: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_    Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**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

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

**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)

_____	_____
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Town/District Officials (Print)

Date

_____	_____
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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.)**

_____	_____
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Parent/Guardian Signature (Print)

Date

_____	_____
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Parent/Guardian Signature (Signature)

Date

**HARTFORD SCHOOL DISTRICT**  
White River Junction, VT

Tom DeBalsi  
Superintendent  
(802) 295-8600

Noel Byrant  
Assistant Superintendent  
(802) 295-8600

Kim Moreno  
Director of Special Education  
(802) 295-8605

**REQUEST FOR TRANSFER OF STUDENT RECORDS**

\_\_\_\_\_ Date

Previous School and Address:

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

Fax #: \_\_\_\_\_

Dear Counselor/Principal:

The following students have enrolled in our district:

<u>Name</u>	<u>DOB</u>	<u>Current Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send all scholastic records, including transcripts of grades, standardized test scores, psychological, medical and attendance reports, along with any information regarding special services (i.e. learning disabilities, speech and language) to the school listed below as soon as possible. Please include grades earned to the time of withdrawal.

\_\_\_\_\_  
Signature of Parent/Guardian