

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

Hartford School District
White River Junction, VT 05001

****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**

Primary Household Information Continued:

Children living in household:

Legal Name DOB Relationship to Guardian

Legal Name	DOB	Relationship to Guardian

Children NOT living in your household (children who may live with other parent or step children who don't reside with you):

Legal Name DOB Relationship to Guardian

Legal Name	DOB	Relationship to Guardian

Others living in household:

Legal Name Relationship to Guardian

Legal Name	Relationship to Guardian

Comments:

Office use only:

Date Received: _____ by: _____

- Certified Birth Certificate Immunization Records / Exempt Form
- Proof Residency Tuition/Private Voucher
- State Placed Records Release
- Other: _____

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

73 Highland Avenue, White River Junction, VT 05001
www.hsdvt.com (802) 295-8600

Tom DeBalsi
Superintendent

Cathy Newton
Elementary Curriculum

Roy Hathorn
Secondary Curriculum

Kim Moreno
Director of Special Education

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

Home Language Survey

Dear Parent/Guardian(s):

Vermont welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset for individuals, families, and communities. We encourage families to maintain their languages while learning English. In order to ensure meaningful communication between your family and our school, please let us know if you have questions and/or would like translation/interpreting services related to this survey or other important school notices.

In order to meet challenging academic standards for all students, Federal law requires that public schools identify students who may be entitled to English language support services. Every parent/guardian of newly enrolling students in Kindergarten through grade 12 must complete the survey questions (below) at registration. An English Learner (EL) Specialist may request further information, if needed, to determine whether your student should be classified as an English Learner (EL) and is eligible to receive additional services.

Thanks very much for your time in completing this form! Please be assured that the survey information is used solely for educational purposes, to identify potential English Learners who might be eligible for English language support.

Student Information (Parents/Guardians should complete this section.)			
First Name:	Last Name:	Date of Birth (Month/Day/Year)	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth:	Date of Entry in U.S. (Month/Day/Year):	Date student first began Kindergarten (or higher grade) in any U.S. school (Month/Day/Year):	
Questions for Parents/Guardians		Response	
1. What language(s) are spoken in your home?			
2. What language do you most <i>often</i> speak to your child?			
3. What language does your child <i>currently</i> use most often at home?			
4. What is the native language of each parent/guardian?			
5. What language did your child first speak or understand?			

For LEA Use Only:
What school will the student attend?
What grade will the student enter?
Beginning date in this school (Month/Day/Year):
This student was screened for English Language Proficiency and identified as an English Learner (EL)?* Y / N Name of Test Administrator: Date Student Screened:
<i>If not identified as an English Learner</i> , does the student meet the ESSA Definition of “ Immigrant Children and Youth ”?* Y / N Under ESSA, the term ‘immigrant children and youth’ means individuals who – “(A) are aged 3 through 21; “(B) were not born in any State (including Puerto Rico); and “(C) have not been attending one or more schools in any one or more States for more than 3 full academic years.”

*LEAs should submit HLSs to the VT-AOE using the HLS collection site only for students who have been:
1. Screened by EL Professionals for English Language Proficiency and identified as ELs; and/or
2. Identified as eligible to be counted under the “Immigrant Children and Youth” definition.