

**Addison Central School District, Addison Northwest School District,
and Mount Abraham Unified School District
Publicly Funded Preschool Program Application 2018-2019**

About the Publicly Funded PreK Program:

- Your family may choose the Vermont prequalified PreK program that best meets your needs with regards to schedule, location, and family preferences. Prequalified programs have met certain criteria to demonstrate their quality, including employment of a licensed teacher, STARS rating, and high quality curricular and assessment practices.
- To be eligible, children must be aged 3 or 4 on or before September 1st and not be eligible for kindergarten.
- If your child is enrolled in a public school PreK program, the school will handle your enrollment.
- If your child is enrolled in a private community PreK program, your school district will pay tuition for your child for 10 hours/week for 35 weeks/year based on a school year calendar. Your PreK program will not charge your family for these hours.
- If the schools receive your application after the school year has started, the tuition amount will be prorated based on a school year calendar. If you have questions regarding your billing statements, please contact your PreK provider directly.
- Families are responsible for child care tuition fees beyond the hours of publicly funded PreK including any school vacation weeks. However, your family may qualify for assistance with paying for child care services. To learn more and for eligibility information regarding child care financial assistance (subsidy) programs, please contact Child Care Resource and Referral at (802) 388-4304.

To Enroll in Publicly Funded PreK:

First, enroll your child in a prequalified PreK program. Next, please complete the application form and proof of residency with supporting documents to enroll your child with the school system. A checklist of paperwork is below:

- Parent Application Form
- Proof of Residency Form AND copies of supporting documents (bills, driver's license, etc.)
- Additional enrollment forms as required by your PreK program (return directly to your PreK)

We request that this application be returned to your PreK provider or mailed directly to your school district.

Please return to: _____ **DUE DATE (not later than 7/2):** _____

If you live in Bridport, Cornwall, Middlebury, Ripton, Salisbury, Shoreham, or Weybridge, mail to:
Addison Central SD, Attn Jill Many, 49 Charles St, Middlebury, VT 05753

If you live in Bristol, Lincoln, Monkton, New Haven, or Starksboro, mail to:
Mount Abraham Unified SD, Attn Valli Audy, 72 Munsill Ave, Suite 602, Bristol, VT 05443

If you live in Addison, Ferrisburgh, Panton, Waltham, or Vergennes, mail to:
Addison Northwest SD, Attn Linda Douville, 11 Main St, Suite B100, Vergennes, VT 05491

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Student Information			
Child's Full Legal Name			
Last:	First:	Middle Name:	
Nickname:	Date of Birth:	Grade level: PreK Age: <input type="checkbox"/> 3 <input type="checkbox"/> 4	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:			
City:	State:	Zip Code:	
Physical Address (if different from mailing address):			<input type="checkbox"/> Same as above
City:	State:	Zip Code:	
Town your child physically lives in (please circle one): Bridport, Cornwall, Middlebury, Ripton, Salisbury, Shoreham, Weybridge Bristol, Lincoln, Monkton, New Haven, Starksboro Addison, Ferrisburgh, Panton, Waltham, Vergennes			
Family Information			
Parent/Guardian Name 1:		Relationship to Child:	
Address 1:			
City:	State:	Zip Code:	
Telephone: (home)	(work)	(cell)	
Email:		Employer:	
Parent/Guardian Name 2:		Relationship to Child:	
Address 2:			
City:	State:	Zip Code:	
Telephone: (home)	(work)	(cell)	
Email:		Employer:	
Siblings (full names, gender, and dates of birth): 			
Child lives with: <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both Parents <input type="checkbox"/> Other: _____			
If parents are divorced, who has legal custody?:		Date of divorce decree:	

PreK Proof of Residence

I affirm that my child is eligible to attend school / receive public tuition funds in the below District, because we, his/her parent(s) or guardian(s), reside in the **TOWN OF (circle one town)**:

Addison Central SD: Bridport, Cornwall, Middlebury, Ripton, Salisbury, Shoreham, Weybridge

Addison Northwest SD: Addison, Ferrisburgh, Panton, Waltham, Vergennes

Mount Abraham Unified SD: Bristol, Lincoln, Monkton, New Haven, Starksboro

Because we (**CHECK one**):

- Have purchased a home in the above town
- Have leased or rented a home in the above town
- Are living with a resident from the above town

As proof of this residence, I have presented and **ATTACHED A COPY of ONE** of the following documents showing our names and the physical address of the residence:

- Home Purchase Agreement or Warranty Deed*
- Tax or mortgage bill for the property*
- Current lease Agreement or notarized statement from landlord*
- Voter Registration (copy of receipt or Town Clerk's confirmation)*
- Notarized letter from the resident of the school district with whom I am residing accompanied by proof of their residency*
- Transitional Housing voucher*
- Letter from DCF showing that child is in state custody and the child's residence is in: _____ (town name)*, which is the residence of the child's: *parent(s) / foster parents / other*: _____ (circle one)

Or TWO of the following items which show your name and the physical address of the residence:

- Recent utility bill (landline phone, cable, electricity, heating fuel, trash, etc.): can use two different types of utility bills which show the physical address of the residence*
- Other documents which show the names and physical address of the residence, including:
 - Valid Vermont Driver's License*
 - Valid homeowner's or renter's insurance policy*
 - Valid Public Aid card or statement with physical address*
 - Valid auto insurance card*
 - Bank statement for last or current month*
 - Pre-printed pay stub with employer and employee name and address)*

*Please black out or otherwise remove any information you choose to have remain private. Items presented for proof of residence must show the resident's name and the 911 **physical** address of the residence. Physical address may be different than mailing address.

Please note that **credit card bills and other mail cannot be accepted as proof of residency**. If your family is currently struggling with housing issues and cannot provide the above documentation, please contact Meg Baker at (703) 258-2899 for additional information.

My signature below indicates that if, after further investigation, any of the above information is fraudulent, the student may be unenrolled from publicly funded PreK. Further, I understand that I may be invoiced for tuition at the current daily rate from the first day of attendance through the last day of attendance and I agree to pay such invoice. Finally, I understand that I may be subject to criminal prosecution under 13 V.S.A. 3016, False Claim, if I have knowingly answered any of the above questions falsely. Residency appeals are included in 16 V.S.A. 1075(b). If I move residences, I will immediately notify my PreK provider and the schools.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____