



**Fletcher Elementary School**  
 340 School Road  
 Cambridge, Vermont 05444  
 Phone: 802-849-6251 Fax: 802-849-6509



Christopher Dodge, Principal

**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](http://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:

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American              |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian or other Pacif Islaner |
| <input type="checkbox"/> 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:

Name	Grade	School Attending
1. _____	_____	_____
2. _____	_____	_____

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](mailto: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.

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Fletcher Elementary School Administrative Assistant***