

ACT 166 Student Application Form 2020-2021

Use this form to request that the **Georgia 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 eligible to be enrolled in Kindergarten. To verify if a preschool program is prequalified go to the Bright Futures Information System at www.brightfutures.dcf.state.vt.us.

The **Act 166 funding for the 2020-2021** school year is **\$3445.00/ child**. To be eligible for Act 166 funds, which are paid directly to the prequalified program, your child must be:

- **3** by **9/1/20**
- enrolled in a pre-qualified community partner program
- attending this program for 10 hours/week of preschool for 35 weeks of the school year.

Contact the FWSU Act 166 Coordinator, Diana Langston, at dlangston@FWSU.org with further questions.



GEORGIA ELEMENTARY & MIDDLE SCHOOL
4416 Ethan Allen Highway
Saint Albans, Vermont 05478

Principal PreK-4 Stephen A. Emery
Principal 5-8 Francis T. Calano

Phone 802-524-6358
Fax 802-524-1781

CHILD'S INFORMATION for ACT 166

Student Name: _____
DOB: _____ Age _____ Gender _____

Ethnicity (used for Federal and State Data Collection Purposes):
African/American, Asian, Chinese, Caucasian, Hispanic, Latino, Native American, Pacific Islander
Multi-Racial, Other _____

Student Resides with: _____

Legal Town of Residence: _____

Siblings:

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

Community Preschool Program Name(Enrollment must be confirmed):

Mailing Address: _____

Start Date): _____

Days / Week Enrolled: _____

Hours/ Day Enrolled: _____

Program Director: _____

Phone: _____

Email Address: _____

PARENT/GUARDIAN INFORMATION

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

Return to: Your elementary school or Diana Langston, FWSU, 4497 Highbridge Rd, Fairfax, VT 05454

PARENT/GUARDIAN INFORMATION

1. 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

2. A completed registration packet must be submitted before payment can begin.

3. Please notify the school district if there is a change in your address or a change in the preschool your child be attending by contacting **Diana Langston** at dlangston@fwsu.org.

4. **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.