



## SLATE VALLEY UNIFIED UNION SCHOOL DISTRICT

33 Mechanic Street, Fair Haven, VT 05743

Tel: 802.265.4905

Fax: 802.265.2498

slatevalleyunified.org

### REGISTRATION PACKET

Welcome to Slate Valley Unified Union School District. In order to register your child for school in one of our district schools we will need some information from you. Please complete the attached packet and return it to the Slate Valley Unified Union School District at the above address, along with the following **required** information:

1. Birth Certificate of student
2. Immunization record
3. Signed Residency form
4. Completed Registration Packet
5. Proof of Residency
  - a. Copy of lease
  - b. Copy of utility bill
  - c. Mail addressed to you at the new residence
  - d. copy of property tax bill

### Please note the following of when completing the registration packet:

- It may take up to **two (2) days** to verify residency, request records (educational- *including special education, 504, etc. records if applicable*), health records, and school counselor reviews (*if applicable*)
- Birth Certificates, proof of residency and Immunization records are **required** before a child can begin attending school
- Once above is verified, the paperwork will be sent to the school your child will be attending
- The attending school will contact you for any further enrollment paperwork that may be needed (i.e. emergency closings, bus routes, health information, sports physicals etc.)
- Students attending FHUHS will need to attend a meeting with a school guidance counselor before attending classes. (*To schedule proper classes etc.*)

Once this information has been received at the Slate Valley Central Office, we will contact the identified school to inform them of the new student registration. You will then be contacted by that school to complete some enrollment forms (such as, student handbook, emergency closing procedures, information for the school nurse etc.). They will also give you a start date for your child.



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**Registration Form - This information is confidential.**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

First

Middle

Last

\_\_\_\_\_ BVS

\_\_\_\_\_ CES

\_\_\_\_\_ FHGS

\_\_\_\_\_ FHUMHS

\_\_\_\_\_ OVS

Start date: \_\_\_\_\_

Grade Level: UPK K 1 2 3 4 5 6 7 8 9 10 11 12

Date of Birth: \_\_\_\_\_

Gender: M F

Phone: ( ) -

Town of Residence: \_\_\_\_\_

Ethnicity (optional): White (Non-Hispanic) Black Hispanic Asian Multiracial  
American Indian/Alaskan Native Native Hawaiian/Pacific Islands

Student's Primary Language: \_\_\_\_\_

Previous School (if applicable): \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Previous School Fax (if known): ( ) -

State-Placed?: Yes No

Educational Surrogate: \_\_\_\_\_

Circle one

Parent/Guardian 1: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: ( ) - Cell Phone: ( ) -

Email Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Town: \_\_\_\_\_

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

Town: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: ( ) - - Cell Phone: ( ) - -

Email Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Town: \_\_\_\_\_

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

Town: \_\_\_\_\_

Does the student live with both natural parents?  Yes

If not, please check below:

Mother  Father  Stepmother  Stepfather  Guardian  Other: \_\_\_\_\_

Step-parent's Name & phone number: \_\_\_\_\_

Other Children in Family

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Did your child attend Preschool?  Yes  No

If yes, where? \_\_\_\_\_

Does your child have any special needs?

IEP  504  157  ESL  Allergies

Other: \_\_\_\_\_

Names of anyone who is forbidden (**legally**) to have access to this child: (Documentation from the court will need to be on file at the school):

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



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**RECORDS REQUEST**

Date: \_\_\_\_\_

_____	_____
School Transferring From	Phone Number
_____	_____
Address	Fax Number
_____	

The following student(s) will be entering our school system on \_\_\_\_\_

			Date
Student(s) Name	DOB	Grade	Vermont Student ID
			(To be completed by sending school)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include:

Special Ed/School Records

Health Records

Free/Reduced Information

Thank you for your assistance and prompt attention to this matter. Parental permission is no longer required when authorized school personnel request records.

Authorized School Personnel Signature: \_\_\_\_\_

Please send records to the following school:



**SLATE VALLEY UNIFIED SCHOOL DISTRICT**

33 Mechanic Street, Fair Haven, VT 05743

Tel: 802.265.4905

Fax: 802.265.2498

slatevalleyunified.org

Residency Certification

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_.

I hereby certify that I reside at \_\_\_\_\_.

\_\_\_\_\_ Own

\_\_\_\_\_ Rent      Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am a legal resident of the town of \_\_\_\_\_, VT, and my child will reside with me.

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

\_\_\_\_\_  
Date

*Title 12, Section 3016, V.S.A False Claim*

1. *A person shall not, in any matter within the jurisdiction of supervisory union school district or of any commission, board, department or agency of the state or a county or municipality, with intent to defraud, falsify, conceal or cover up by trick, scheme or device material fact, or with intent to defraud make any false, fictitious or fraudulent claim or representation as to a material fact, or with intent to defraud make or use any writing or document knowing the same to contain any false, fictitious or fraudulent claim or entry as to a material fact.*
2. *A person who violates this section shall, if the prohibited act results in no loss to a governmental entity or benefit to the person of less than \$500.00 in value, be imprisoned not more than two years or fined not more than \$5,000.00 or both. A person who violates this section shall, if the prohibited act results in a loss of governmental entity or a benefit to the person of \$500.00 or more in value, whether by a single act or by a common scheme or course of conduct involving one or more transactions, be imprisoned not more than five years or fined not more than \$10,000.00, or both.*



## Slate Valley Unified Union School District

Dear Parent/Guardian:

Students need healthy meals to learn. **Slate Valley Unified USD** offers healthy meals every school day. **In School Year 2023-2024, all students will receive free breakfast and lunch at school.** Even though there is no charge for breakfast and lunch, we are asking you to fill out this Household Income application for free school meals. If many families fill out and return this form, we will get more money from the federal government for free school meals now and in the future. We will also get more money for other school programs. Filling out this form also helps our community provide free summer meals to all kids, and free meals to kids in childcare. It may also qualify your family for low-cost internet through the Affordable Connectivity Program.

The information you provide is confidential. We follow strict federal rules to keep your information private.

If you have other questions or need help, call or email:

**Sheri Nichols, Finance Specialist (802) 265-2562 or [snichols@svuvt.org](mailto:snichols@svuvt.org)**

Sincerely,  
Sheri Nichols  
Finance Specialist

### USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



AGENCY OF EDUCATION

Return to:

Your Child's School Office OR  
State Valley USD Business Office

Attn: Sheri Nichols, SVU Finance Specialist  
33 Mechanic Street  
Fair Haven, VT 05743  
(802) 265-2562

2023-24 Household Income Data Collection

Help us provide the best education possible for your children. Filling out this form only takes a few minutes. It will help your community, your school and your property taxes. The information you give helps your school access federal and state education dollars. This funding supports reading, math, science, arts, PE, afterschool and other vital programming. The privacy of your household financial information is protected by law. Information collected through this form will be handled in accordance with privacy requirements. Only one form needed per household.

Section 1: Student Information - List all students in the household, Pre-Kindergarten through grade 12.

First Name	MI	Last Name	Date of Birth	Grade Level	School Name

\*If more spaces are required for additional names, please add them to the Section 1 table continued on reverse side of this form.

Section 2: Assistance Programs - If your household receives assistance from any of the following programs, please check the appropriate box below.

3SquaresVT (SNAP)       Reach Up (TANF)      If you selected a Program, please skip to Section 4.

Section 3: Household Income Information - Please select your household size and then the appropriate income range for that household size.

- Household size is the total number of people, including all children and adults, related and un-related, that live with you and share income and expenses.
- Combined annual income is the total amount of income of all household members, including children, from the following sources: Work, public assistance, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Household Size	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Combined Annual Income Range	<input type="checkbox"/> \$26,973 or less <input type="checkbox"/> More than \$26,973	<input type="checkbox"/> \$36,482 or less <input type="checkbox"/> More than \$36,482	<input type="checkbox"/> \$45,991 or less <input type="checkbox"/> More than \$45,991	<input type="checkbox"/> \$55,500 or less <input type="checkbox"/> More than \$55,500	<input type="checkbox"/> \$65,009 or less <input type="checkbox"/> More than \$65,009	<input type="checkbox"/> \$74,518 or less <input type="checkbox"/> More than \$74,518	<input type="checkbox"/> \$84,027 or less <input type="checkbox"/> More than \$84,027	<input type="checkbox"/> \$93,536 or less <input type="checkbox"/> More than \$93,536

If your household has 9 or more people, please enter your information here: Household Size: \_\_\_\_\_ Household Income: \_\_\_\_\_

Section 4: Contact Information & Signature

I certify (promise) that all information on this application is true, to the best of my knowledge, and that all income is reported.

Name of adult completing this form: \_\_\_\_\_ Signature of adult completing this form: \_\_\_\_\_

City: \_\_\_\_\_ Email (optional): \_\_\_\_\_ Phone (optional): \_\_\_\_\_

CONTINUED Section 1: Student Information					List all students in the household. Pre-Kindergarten through grade 12.		School Name	
First Name	MI	Last Name	Date of Birth	Grade Level				

\*If more spaces are required for additional names, please attach them on another sheet of paper.

FOR SCHOOL USE ONLY

**Instructions for School/District Staff:**

- All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.

**Economic Status**

**Instructions:** After reviewing the reverse side of this form, Select the appropriate option below for this submission.

Household is AT or BELOW the 185% cutoff.

Household is ABOVE the 185% cutoff.

**Other Programs**

Section 2 'Assistance Programs' selected

**SCHOOL/DISTRICT STAFF**

*'I have reviewed the household income form on the reverse of this page and have concluded that it is properly and completely filled out to the best of my knowledge.'*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_





**Slate Valley Unified Union School District**

State-Placed Student Questionnaire

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Is the student in DCF custody? Yes No (circle one)

If no, you do not need to finish this form, please sign and date bottom of form.

If yes, DCF District Office: \_\_\_\_\_

Social Worker & Phone Number: \_\_\_\_\_

2. Is the student in the care of another child placing agency? Yes No (circle one)

If yes, which agency? \_\_\_\_\_

(Community Access Program, Mental Health, Casey Family Services, Other?)

Agency contact name & phone number: \_\_\_\_\_

3. Name of foster parent, address & phone number:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

4. Student's parents town of residence:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

5. Is the student on an IEP? Yes No (circle one)

If yes, who is the educational surrogate parent?

If unknown, contact the Vermont Educational Surrogate Parent Program at 802-828-5108.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

6. Where did the student last attend school/last educational placement:

District: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Date

## 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 <b>Kindergarten (or higher grade)</b> 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?			



Migrant Education Program  
UVM Ext 327 US Route 302  
Barre, Vermont 05641  
(802) 476-2003 ext. 226 or  
(866)-860-1382 ext. 226

## MIGRANT EDUCATION ELIGIBILITY CRITERIA

An eligible student can of any race and/or ethnicity and speak any language. Staff from the Vermont Migrant Education Program will help families determine whether a family or student meets the eligibility requirements described below:

### *Who qualifies for our program?*

A child may qualify if the following apply:

- Child is under age of 22 has not graduated from high school or another accreditation program; and
- Child has moved across school district lines with a farmworker (parents, guardians, etc); and
- Parent/guardian has engaged in qualifying seasonal or temporary agricultural work.

### *Examples of Qualifying Work:*

- ✓ Dairy;
- ✓ Hemp;
- ✓ Poultry and livestock;
- ✓ Slaughterhouse, meat processing;
- ✓ Fruit and vegetable production, harvesting, processing;
- ✓ Greenhouse or plant nursery work including trees, plants, flowers;
- ✓ Field crop work for animal feed or human consumption;
- ✓ Working in the woods logging, maple sugaring, planting trees, Christmas treeing, etc.
- ✓ Working in the catching, raising, harvesting or initial processing of fish or shellfish.



### *For eligible students enrolled in school, VMEP offers:*

- Parent and school communication support. (Includes ensuring interpretation/translation is available to student/family.)
- School supplies and books
- Support for school enrollment including PK
- Referrals to afterschool, summer and health programs and services
- Information on post-secondary opportunities



Migrant Education Program  
 UVM Ext 327 US Route 302  
 Barre, Vermont 05641  
 (802) 476-2003 ext. 226 or  
 (866)-860-1382 ext. 226

## VERMONT EMPLOYMENT SURVEY

Please complete this form and return it to your school's office. All information provided is confidential. The Vermont Migrant Education Program will contact you to determine if your family is eligible. An eligible student can be of any race and/or ethnicity and speak any language. Please call if you have any questions: 866-860-1382 ext. 226

Guardian/Parent Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Cell phone(s) \_\_\_\_\_ Land-line \_\_\_\_\_

**Has your family moved from one town or state to another town or state in the last three years?**

No, You do not need to complete the rest of this form. Thank you!

Yes, If yes from where? \_\_\_\_\_ Please complete the rest of this form.  
 (town, city, state, country)

**In the past three years, have you or anyone in your family worked in agriculture or logging?** \_\_\_\_\_

**If yes, please check all that apply:**

- Dairy Work;
- Hemp;
- Raising and tending to poultry including egg production;
- Raising cows, pigs and other livestock or work in a slaughterhouse or other meat processing facility;
- Planting, growing, harvesting, packing, cutting or preparing fruits, vegetables and flowers for sale;
- Working in a greenhouse or nursery (tree/plant/flower) or planting, tending or harvesting field crops;
- Working in the woods in logging, maple sugaring, planting trees, Christmas treeing, etc.;
- Working in the catching, raising, harvesting or initial processing of fish or shellfish.
- Other \_\_\_\_\_

Please list all children ages 0 to 22 in your household: (list additional names on bottom of form)

Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:

Updated on 10.17.2019



*Cultivating Healthy Communities*

University of Vermont Extension and U.S. Department of Agriculture, cooperating, offer education and employment to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status