



## BFA Enrollment Form



### **Student Information**

**Anticipated Start Date:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

Student Legal Name: \_\_\_\_\_,  
Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) Legal Gender: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Student Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Is the student Hispanic or Latino? ( ) Yes ( ) No

### **Student's Ethnicity (Please mark one or more of the following):**

( ) White ( ) Black/African American ( ) American Indian/Alaska Native  
( ) Asian ( ) Native Hawaiian or Pacific Islander

Does your student wish to receive communication from Military Recruiters? \_\_\_\_ Yes \_\_\_\_ No

Does your student have Internet access at home? \_\_\_\_ Yes \_\_\_\_ No

Do you give consent for your student to appear in  
photos featured in BFA Publications and/or social media? \_\_\_\_ Yes \_\_\_\_ No

**Is your student currently receiving any of the following services? Check all that apply**

( ) Speech/Language ( ) Academic Support ( ) Migrant Ed

( ) Social and Emotional Support ( ) 504 ( ) IEP ( ) ELL ( ) Other:

**Did this student ever attend? Check all that apply**

☐ Fairfield School

☐ Saint Albans City School

☐ MRUSD Preschool

☐ St Albans Town School

**Please List Last School Attended:**

\_\_\_\_\_  
School Name City State Phone Number

**Parent or Legal Guardian-Contact #1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to the student \_\_\_\_\_ (Ex: Mother, Father, Brother, etc.)

Physical Address	City	State	Zip Code	Same as Students	
				Y	N
Mailing Address	City	State	Zip Code	Same as Students	
				Y	N

Town of Residency (if St. Albans, please specify Town or City) \_\_\_\_\_

1<sup>st</sup> Contact Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Circle Type: Mobile Home Work2<sup>nd</sup> Contact Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Circle Type: Mobile Home Work

***\*\*Please note: Student Alerts or Notifications will go out on numbers given for Contacts 1-4 who are "Custody" or "Receives Mail". Any numbers labeled as work, will not be called. Only Mobile and Home Phone Numbers will receive alerts such as snow days, absences, etc.\*\****

Primary Email: \_\_\_\_\_

Additional Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Highest Level of Education: ( ) Less than a 4 Yr. College Degree ( ) 4 Yr. College Degree or More

Please Circle one for each category below:

Custody			Lives With			School Pick up			Emergency Contact		
Yes	No		Yes	No		Yes	No		Yes	No	

**Parent or Legal Guardian-Contact #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to the student \_\_\_\_\_ (Ex: Mother, Father, Brother, etc.)

Physical Address	City	State	Zip Code	Same as Students	
				Y	N
Mailing Address	City	State	Zip Code	Same as Students	
				Y	N

Town of Residency (if St. Albans, please specify Town or City) \_\_\_\_\_

1<sup>st</sup> Contact Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Circle Type: Mobile Home Work2<sup>nd</sup> Contact Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Circle Type: Mobile Home Work

***\*\*Please note: Student Alerts or Notifications will go out on numbers given for Contacts 1-4 who are "Custody" or "Receives Mail". Any numbers labeled as work, will not be called. Only Mobile and Home Phone Numbers will receive alerts such as snow days, absences, etc.\*\****

Primary Email: \_\_\_\_\_

Additional Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Highest Level of Education: ( ) Less than a 4 Yr. College Degree ( ) 4 Yr. College Degree or More

Please Circle one for each category below:

Custody			Lives With			School Pick up			Emergency Contact		
Yes	No		Yes	No		Yes	No		Yes	No	

**Additional Contact #3**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to the student \_\_\_\_\_ (Ex: Mother, Father, Brother, etc.)

Physical Address	City	State	Zip Code	Same as Students	
				Y	N
Mailing Address	City	State	Zip Code	Same as Students	
				Y	N

Town of Residency (if St. Albans, please specify Town or City) \_\_\_\_\_

1<sup>st</sup> Contact Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Circle Type: Mobile Home Work2<sup>nd</sup> Contact Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Circle Type: Mobile Home Work

**\*\*Please note: Student Alerts or Notifications will go out on numbers given for Contacts 1-4 who are "Custody" or "Receives Mail". Any numbers labeled as work, will not be called. Only Mobile and Home Phone Numbers will receive alerts such as snow days, absences, etc.\*\***

Primary Email: \_\_\_\_\_

Additional Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Highest Level of Education: ( ) Less than a 4 Yr. College Degree ( ) 4 Yr. College Degree or More

Please Circle one for each category below:

Custody			Lives With			School Pick up			Emergency Contact		
Yes	No		Yes	No		Yes	No		Yes	No	

## Custody Details

The school district must comply with all laws relating to the rights of parents. Biological parents have legal access to their child's education record. **A copy of any court order pertaining to custody, restrictions, or visitation of the child you are enrolling must be given to the school,** otherwise each parent has equal access.

### Student Resides With:

- ☐ Both Parents Living Together
- ☐ Joint
- ☐ One Parent Only (specify): \_\_\_\_\_
- ☐ State (temporary or permanent) Agency \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Child currently in Foster Care living with \_\_\_\_\_

Is there a biological parent NOT living with this child? \_\_\_\_No \_\_\_\_Yes

**Biological Mother:** \_\_\_\_\_ **Residency/Town Of:** \_\_\_\_\_

**Biological Father:** \_\_\_\_\_ **Residency/Town Of:** \_\_\_\_\_

If anyone is legally forbidden from access, what is their name?

\_\_\_\_\_

- ☐ Submit Picture and Court Documentation

**Is the Student in DCF Custody?** Yes No *If yes, please complete the following:*

Case Manager's Name \_\_\_\_\_

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

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

You must provide a copy of the student's **birth certificate** to complete the enrollment application.

*I certify that all the information I have provided is accurate and true for the student listed on this form. It is my responsibility to report changes to the Registrar. (Ex. General Info or any custody changes.)*

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Maple Run Unified School District

28 Catherine Street, St. Albans, VT 05478

Ph (802) 524-2600 ☐ Fax (802) 524-1540

www.maplerun.org



## DECLARATION OF RESIDENCY

Use this form when enrolling new student(s), or when you have changed your residency. Residency documents can be emailed, faxed or dropped off.

We can photocopy and return any original documents upon request. Residency is defined by state statute [16 V.S.A. § 1075](#).

If you are currently experiencing homelessness, please contact Alexis Hoyt [ahoyt@maplerun.org](mailto:ahoyt@maplerun.org).

Parent / Legal Guardian Name: \_\_\_\_\_

Name(s) of Students Residing With You	Date of Birth	Grade	School Attending

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

Mailing Address (if different): \_\_\_\_\_

I affirm that I am a resident of \_\_\_\_\_, Vermont as of \_\_\_\_\_,  
(Town of Residence) MM/DD/YYYY

and provide the following evidence of my residency:

( ) I have purchased a home within the school boundary and occupy it as my primary residence

( ) I have leased a dwelling within the town and occupy it as my primary residence

( ) My primary residence is with a family whose home is in the above referenced town

If yes, what was your previous town of residence? \_\_\_\_\_

( ) Other -- Please explain: \_\_\_\_\_

As proof of my residence, I am presenting **two** of the following items under my name:

\_\_\_\_\_ Purchase Agreement for home, Warranty Deed, or town Property Tax bill

\_\_\_\_\_ Lease Agreement

\_\_\_\_\_ Letter signed by town resident (owner/renter) affirming that you are living with them, with a copy of their purchase agreement, property tax bill, or lease

\_\_\_\_\_ An insurance or utility bill in my name with the current address

\_\_\_\_\_ Driver's license or government issued ID with the current address

\_\_\_\_\_ Court paperwork listing my current address

**I understand that it is my responsibility to inform the school within TEN (10) days of any change in residency, and provide additional evidence of the new residency.** I do solemnly declare that the information I have given above is true and correct to the best of my knowledge and belief. I have read and understand Vermont statute ([13 V.S.A. 3016](#)) regarding making false declarations.

Parent / Legal Guardian Signature: \_\_\_\_\_

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

### MILITARY AFFILIATION

The purpose of this form is to collect any affiliation for students attending public schools with the armed services as defined in [section 101\(a\)\(4\) of title 10, United States Code](#) as Army, Navy, Air Force, Marine Corps, and Coast Guard.

The direct and only purpose of this collection is to fulfill our federal education reporting requirements for this group of students as defined in [ESEA section 1111\(b\)\(2\)](#).

Any information collected here for us to uniquely identify the students for reporting purposes as defined by law.

Please fill out the form to the best of your ability, and thank you so much for your time

**Has a parent or legal guardian been employed by a military branch at any point during this school year?**

☐ **No**      ☐ **Yes - please specify:**    ☐ Active Duty or ☐ Reserve and/or National Guard

Branch:      ☐ Army      ☐ Air Force  
                 ☐ Marine Corps      ☐ Space Force  
                 ☐ Navy      ☐ Coast Guard

Name(s) of Students Residing With You	Date of Birth	Grade	School Attending

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

## 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 <b>any</b> 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?			



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

\*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.



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



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 be 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

# Maple Run Unified School District

28 Catherine Street, St. Albans, VT 05478

Ph (802) 524-2600 Fax (802) 524-1540

www.maplerun.org



## REQUEST FOR STUDENT RECORDS

*PARENTS: If your student previously attended a different school district, please fill out the top section of this form and send to your student's previous school, Attn: Records Office*

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

Student Name and DOB: \_\_\_\_\_

This student is enrolling at the following Maple Run school (please indicate):

<input type="checkbox"/> <b>MRUSD Early Childhood</b>	<b>Attn: Jessica Barnes</b> 28 Catherine St. St. Albans, VT 05478	Ph: (802) 524-3613 Email: jbarnes@maplerun.org	Fx: (802) 524-1540
<input type="checkbox"/> <b>Fairfield Center School</b>	<b>Attn: Judy Magnan</b> 57 Park St. Fairfield, VT 05455	Ph: (802) 827-6639 Email: jmagnan@maplerun.org	Fx: (802) 827-3604
<input type="checkbox"/> <b>St. Albans City School</b>	<b>Attn: Desiree Stevens</b> 29 Bellows St. St. Albans, VT 05478	Ph: (802) 527-0565 Email: dstevens@maplerun.org	Fx: (802) 527-0153
<input type="checkbox"/> <b>St. Albans Town Ed Ctr</b>	<b>Attn: Michelle Dow</b> 169 South Main St. St. Albans, VT 05478	Ph: (802) 752-2600 Email: mdow@maplerun.org	Fx: (802) 527-7191
<input type="checkbox"/> <b>Bellows Free Academy</b>	<b>Attn: Martina Newell</b> 71 South Main St. St. Albans, VT 05478	Ph: (802) 527-6570 Email: mnewell@maplerun.org	Fx: (802) 527-6467
<input type="checkbox"/> <b>Out of District Services</b>	<b>Attn: Alice Johnson</b> 28 Catherine St. St. Albans, VT 05478	Ph: (802) 370-3976 Email: ajohnson@maplerun.org	Fx: (802) 527-6453

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

According to the Final Regulation-Family Educational Rights and Privacy Act (Buckley Amendment), date June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without written consent for such release

Previous School Name: \_\_\_\_\_

### Previous School Records Should Include:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Current Grades | <input type="checkbox"/> Discipline Record        | <input type="checkbox"/> Guardianship/Custodial Records          |
| <input type="checkbox"/> Transcript     | <input type="checkbox"/> Special Education Record | <input type="checkbox"/> Vermont State Student ID                |
| <input type="checkbox"/> Test Scores    | <input type="checkbox"/> Health Record            | <input type="checkbox"/> Additional Plan Records (504, EST, ELL) |

Additional comments or information needed:

**MRUSD USE ONLY:** Student Enrollment Date \_\_\_\_\_

☐ All records have been received.

☐ Please send all permanent records at this time.

\_\_\_\_\_  
*MRUSD Registrar Signature*



# Maple Run Unified School District Yearly Health Update

- This form is online on powerschool

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade this year: \_\_\_\_\_ Attending School: \_\_\_\_\_

Please be sure you have provided the front office and your student's teachers with an updated and functioning phone number where you can be easily reached. It is imperative the school can access you throughout the school day. If at any point your phone number changes, please update your school ASAP. Thank you.

## State Required Health Questions

Physical exam in the last year? ☐ YES ☐ NO Approx date: \_\_\_\_\_ Provider's Name \_\_\_\_\_

Dental exam in the last year? ☐ YES ☐ NO Approx date: \_\_\_\_\_ Dentist's Name \_\_\_\_\_

## Insurance

Does your child have health insurance? ☐ YES ☐ NO Medical Insurance company: \_\_\_\_\_

- For information about health insurance, please visit: <https://info.healthconnect.vermont.gov/> or call 855-899-9600

## Asthma

Has a health care provider told you your child has asthma? ☐ YES ☐ NO ☐ UNSURE

If yes: Does your child currently have asthma? ☐ YES ☐ NO

If yes: Does your child have an asthma action plan? ☐ YES ☐ NO

(\*If yes, **please provide a current copy.** Asthma action plans need to be updated **yearly**. The form may be found on the [maplerun.com](http://maplerun.com) website)

**Allergies, intolerances, health concerns** such as diabetes, seizures or chronic illness **PLEASE LIST** (if accommodations are needed, please contact school nurse)

**\*Does your student require an emergency medication for the above condition?** ☐ YES ☐ NO

If yes, please list and contact the nurse. \_\_\_\_\_

(\*Staff members responsible for your child while at school will be updated regarding any substantial or life threatening health concerns your child may have. Please reach out to your nursing office if there are concerns about this.)

## Medication Information:

Does your child currently take any medications at home? (Over the counter, Prescription, Inhaler etc.) ☐ YES ☐ NO

If yes please list: \_\_\_\_\_

## I give permission for the nurse's office staff to administer these over the counter medications as needed:

Acetaminophen (headache or minor discomfort)

☐ YES ☐ NO

Ibuprofen (headache or minor discomfort)

☐ YES ☐ NO

Diphenhydramine (antihistamine/allergic reaction)

☐ YES ☐ NO

Cough Drop (Coughing or sore throat)

☐ YES ☐ NO

Calcium Carbonate (upset stomach/indigestion)

☐ YES ☐ NO

Loratadine (generic claritin 10 mg)

☐ YES ☐ NO

\*Please note that over the counter topical ointments, lotions, oral pain reliever gel and eye drops (ie:lubricating and/or allergy) are commonly used. Please reach out to your nursing office if there are concerns.

**DON'T FORGET TO TURN AND COMPLETE REMAINDER OF HEALTH FORM →**

### Medication Information (Continued):

- If a medication is prescribed **3 times a day**, please give *before school, after school and before bed*, unless specifically written by the prescribing doctor to be given otherwise or the student has after school activities.
- **NO** medications will be accepted unless they are in the original prescription bottle provided for the person the medication is prescribed to (ie: no plastic baggies, recycled rx bottles)
- **NO** prescription medication shall be transported by students- only by an adult to the nurse (no front desk drop off)
- If prescription medication is required to be taken at school, appropriate paperwork **must** be in place **before** it will be given, specifically a signed medication order from the prescribing provider. (*\*This can take time, please discuss this with your provider at your appointment and ask for a medication order to be sent home with you, or faxed to school.*)

### Other Health Related Questions:

Does your child have hearing concerns? ☐ YES ☐ NO Do they wear hearing devices? \_\_\_\_\_  
Does your child have vision concerns? ☐ YES ☐ NO Do they wear glasses or contacts? \_\_\_\_\_  
Does your student have seasonal allergies? ☐ YES ☐ NO \*If so please describe: \_\_\_\_\_  
Does anyone smoke inside the house? ☐ YES ☐ NO Outside the house? ☐ YES ☐ NO

Are there any physical/social/emotional/psychological information you would like us to know about? (Medical diagnosis, deployment, shyness, anxiety, divorce, death in the family...) **Please use this space to explain any concerns:**

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### Immunizations:

The VT State Immunization Registry is frequently checked by the health office to access immunization information. If immunization information is not available to nursing, families may be asked to provide missing information and/or the provider's office may be contacted.

I give permission for my provider(s) listed on this form, to share immunization/other medical information with the school health office staff. ☐ YES ☐ NO

***Signature is required :***

**Parent/guardian signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

In the event of an emergency, school personnel will seek emergency medical care, which may include transportation to the nearest appropriate medical facility based on the individual situation at the family's expense.

<u><b>BFA</b></u>	<u><b>SACS</b></u>	<u><b>SATEC</b></u>	<u><b>FCS</b></u>
<b>Valarie Lipka, RN</b> 802-527-6405 <b>Janessa Deal, RN</b> 802-527-6594  <b>Triage line 802-752-2260</b> <b>FAX: 802-527-6431</b>	<b>Morgan Kane, RN</b> 802-527-0565 ex:3847 <b>Katie Raleigh, RN</b> 802-527-0565 ex:3848  <b>FAX: 802-527-0153</b>	<b>Cathy Stetz, RN</b> 802-752-2705 <b>Angela Voerman, RN</b> 802-752-2685 <b>Ashley Duprey,</b> <b>Health Assistant</b> 802-752-2685  <b>FAX: 802-527-7043</b>	<b>Hilarie Kane, RN</b> 802-752-2908  <b>FAX: 802-827-3604</b>