

SPRINGFIELD SCHOOL DISTRICT
PRE-K REGISTRATION FORM

Date: _____

CHILD'S NAME: _____ M ____ F ____
BIRTH DATE: _____ PLACE OF BIRTH: _____
ADDRESS** _____
Street _____
Town _____ State _____ Zip Code _____ Home Phone # _____
**** If your mailing address & physical address are not the same, we MUST have both addresses:**

RACE / ETHNICITY ____ American Indian/Alaskan Native ____ Hawaiian/Pacific Islander ____ Asian
____ Black/African American ____ Hispanic/Latino ____ White
LANGUAGE(S) SPOKEN IN THE HOME: _____

FATHER'S NAME _____
Address _____
Employer _____
Occupation _____
Work Phone # _____
LEGAL/GUARDIAN'S NAME (If different from above)
Address _____
Employer _____
Occupation _____
Work Phone # _____
EMERGENCY CONTACT: _____

MOTHER'S NAME _____
Address _____
Employer _____
Occupation _____
Work Phone # _____
CHILD LIVES WITH: Both Parents _____
Father _____ Mother _____
Father/Stepmother _____
Mother/Stepfather _____
Other* _____ Foster Parent(s)* _____
*PLEASE GIVE NAME AND RELATIONSHIP
Phone Number: _____

ANY COURT DOCUMENTS INVOLVING THE CHILD LISTED ABOVE MUST BE ON FILE
WITH THE SCHOOL AND UPDATED AS REQUIRED

OTHER CHILDREN IN THE HOME:
Name _____ Birthdate _____ School & Grade _____
Name _____ Birthdate _____ School & Grade _____
Name _____ Birthdate _____ School & Grade _____
Name _____ Birthdate _____ School & Grade _____

Transferring from: _____
School _____ Town _____ State _____ Grade _____

The Springfield School District does not discriminate on the basis of race, creed, color, national origin, age, gender, handicapping condition and/or disability or sexual orientation. Policies outlined in Title IX and under Section 504 of IDEA are followed.

**SPRINGFIELD SCHOOL DISTRICT
SPRINGFIELD, VERMONT**

VERIFICATION OF LEGAL RESIDENCE AND GUARDIANSHIP

Student Name	Date of Birth	Age	Grade Entering
Parent/Guardian		Street Address/Town	

PROOF OF GUARDIANSHIP:

- Birth Certificate (copy) Guardianship/custody (copy of Court Decree)

PROOF OF RESIDENCY: (need two proofs)

- Utility bill or deposit receipt indicating address Lease Agreement
- Purchase and Sale Agreement
- Social Services Papers – Social Security, Aid for Families with Dependent Children (AFDC)
- Rent Receipt, including verification of landlord’s address and telephone number

VERIFICATION OF SCHOOL OFFICIAL:

Signature	Date
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If your child is already enrolled in a pre-k program, please provide its name: _____

If not, please name the program(s) you are considering: _____

PARENT/GUARDIAN AFFIDAVIT

I, _____ parent/guardian for _____ (if student is under the age of 18), understand that the information I have provided on this form in part will be used and relied on by the School District to determine if _____ is eligible for enrollment. I further understand that should I supply false information that I may be subject to certain civil and criminal penalties.

I also understand that by enrolling my child in universal pre-k and receiving public funding, my child will be counted by the school district in which my child resides, and will be considered a student of that school district. Teaching Strategies GOLD assessment, demographic, and other information pertinent to kindergarten registration and transition may be shared with the Springfield School District and the Vermont Agency of Education.

Signature of Parent/Guardian	Date
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Witness of School Official	Date
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