

Isle La Motte School District

PLEASE PRINT ALL INFORMATION

Student: _____ Grade: _____ Gender: _____
Last First Middle

DOB: _____ Home Phone: _____ - _____ Starting Date: _____

Race (check all that apply): White American Indian/Alaskan Native African American Asian Hawaiian/Pacific Islander

Ethnicity (check one): Hispanic/Latino Yes No

S.S.# _____ - _____ - _____ (optional) Primary Home Language: _____

Mailing Address: _____ Street Address (if different): _____

_____ Town of Residence (if different): _____

Tuition Student: Yes No If yes, who is the Person or Town responsible for tuition? _____

Parent's Marital Status: _____ Custodial Parent(s) (check one): Both Mother Father Other: _____

Parent 1/Guardian: _____ Relationship to Child: _____
(i.e. mother, father, aunt, etc.)

Mailing Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: (____) _____ Ext. _____

Email Address: Parent 1: _____ Parent 2: _____

Parent 2/Guardian: _____ Relationship to Child: _____
(i.e. mother, father, aunt, etc.)

Mailing Address: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: (____) _____ Ext. _____

Foster Care/Ward of the State: Yes No Complete State-Placed Student Enrollment Questionnaire.

Names, DOB, and Grade of Siblings:

Name: _____ DOB: _____ / _____ / _____ Grade: _____

Name: _____ DOB: _____ / _____ / _____ Grade: _____

Name: _____ DOB: _____ / _____ / _____ Grade: _____

Person to Contact if Parents/Guardians Cannot Be Reached. Please add name, relationship (i.e., grandparent, aunt, neighbor, etc.) and telephone number including type (i.e., home, cell, work, etc.):

Name: _____ Relationship: _____ Phone/Type: _____

Name: _____ Relationship: _____ Phone/Type: _____

Name: _____ Relationship: _____ Phone/Type: _____

Student's Doctor: _____ Phone: _____

Child Care Provider: _____

Address: _____ Phone: _____

School Last Attended: _____

Address: _____ State _____ Zip Code _____

Phone: (____) _____ Grade _____

Did your child receive special education services with an IEP? Yes No

Did your child receive education services with a 504 Plan? Yes No

Has your child ever been retained? Yes No If yes, which grade? _____

Are there any current court orders curtailing the rights of this child's non-custodial parent to access the child or child's permanent files? Yes No If yes, a copy of the court order must be attached.

Did your child previously attend school in this district? Yes No If yes, last school year attended? _____

12-061 (over) Which school? _____

Isle La Motte School District

Residency Verification Form

The **Isle La Motte** School District has the responsibility to the taxpayers of **Isle La Motte** to be assured that we are educating only those pupils whose parents, legal guardians or custodians have chosen to make this district their residence. Accordingly, the district may, consistent with State statute, refuse to accept, or may dismiss, pupils who are not legal residents of the district.

The term "residency" means where one is domiciled, that is, where one actually lives. Residency requirements are not met merely because one owns property in **Isle La Motte**, nor if one has a post office box in **Isle La Motte**, nor if one owns a business in **Isle La Motte**. If you do not meet the State's residency requirement, your child may not attend the **Isle La Motte** schools without paying tuition. One of the following criteria must be met to meet the State's residency definition:

1. A student must have a parent or legal guardian who resides in the Town of **Isle La Motte**.

*Please note an exception to this rule. A student who is in the sole custody of a parent who is not living in Vermont is not considered a resident, even if the student is living with the non-custodial parent in **Isle La Motte**.*

2. A student has reached the age of majority or is considered to be an emancipated minor and resides in the Town of **Isle La Motte**.

If you are unsure of your residency status, please request assistance in making this determination with the Superintendent's Office. Prior to attendance, non-residents who must pay tuition need to contact the Superintendent's Office at (802) 372-6921 to establish satisfactory payment arrangements.

In order for your child to register and attend your choice school without paying tuition, please verify your residency by providing us with the following information:

<p>One of the following documents is required to verify residency in Isle La Motte, Vermont.</p> <ul style="list-style-type: none">• A current property tax bill.• Current mortgage papers/closing statement showing a Isle La Motte address and the name of the legal parent/guardian, or custodian.• Formal lease showing the name, address and telephone number of the landlord; Isle La Motte address and name of lessee.• A notarized letter from the landlord stating the address of the residence being leased and the name(s) of the lessee(s) with the landlord's address and telephone number.	AND ,	<p>One of the following documents are required to verify residency in Isle La Motte, Vermont.</p> <ul style="list-style-type: none">• Valid Vermont driver's license with Isle La Motte address.• Valid Vermont non-driver ID with Isle La Motte address.• Current utility bill in your name, with Isle La Motte address.• Valid public aid card.
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Your child will be registered in **your choice school** as soon as this information, along with all other applicable documentation, is returned to the Superintendent's Office.

In making this declaration, I further certify that I am aware of the provisions of Title 13, Section 3016 of Vermont State Statutes concerning false claims. I acknowledge that a person who violates Title 13, Section 3016, of Vermont State Statutes by making a false claim can be imprisoned for not more than five years, or fined not more than \$10,000.00 or both.

I have read the above and attest that I meet the residence requirements.	
_____ Signature of Parent/Guardian	_____ Date
Residency Documents Verified By: _____ Signature & Title of School Official	

NON-RESIDENTS OF THE TOWN OF **Isle La Motte** ONLY:

I am NOT a resident of the Town of **Isle La Motte**. I reside in the town of _____.

Signature of Parent/Guardian

Date