

## **ACT 166 Student Application Form 2021-2022**

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 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](http://www.brightfutures.dcf.state.vt.us).

The **Act 166 funding for the 2021-2022** school year is **\$3536.00/ child**. To be eligible for Act 166 funds, which are paid directly to the prequalified program, your child must be:

- **3 by 9/1/21**
- 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](mailto: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        Julie A. Conrad

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):**

Is the student Hispanic or Latino \_\_\_\_ Yes \_\_\_\_ No  
 What is the student's race: \_\_\_\_ American Indian or Alaska Native, \_\_\_\_ Asian, \_\_\_\_ Black or African/American, \_\_\_\_ Native Hawaiian or other Pacific Islander, \_\_\_\_ White

**Student Resides with:** \_\_\_\_\_

**Legal Town of Residence:** \_\_\_\_\_

**Siblings:**

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

**Community Preschool Program Name( Enrollment must be confirmed with the program):**

\_\_\_\_\_

**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: 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 mailing these documents to:  
Diana Langston  
FWSU  
4497 Highbridge Rd.  
Fairfax, VT 05454
  - b. Or emailing them to [dlangston@dwsu.org](mailto:dlangston@dwsu.org)
2. A completed registration packet must be submitted before payment can begin.
3. Please notify Diana Langston 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](mailto: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.