



5420 Shelburne Road, Suite 300, Shelburne, VT 05482
 Telephone 802-383-1234 Fax 802-383-1242

Student Registration Form

STUDENT INFORMATION			
FULL NAME			
Last:	First:		Middle:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Grade Level:	Last Grade Level Completed:
Instructional Plan (e.g. IEP, 504, EST)?			
Race/ethnicity (check all that apply):			
<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Native Hawaiian/Pacific Islander		
<input type="checkbox"/> Other (please specify) _____			<input type="checkbox"/> Hispanic/Latino
Languages other than English spoken in the home:			
Place of Birth			
City / State:			
Name of Last School Attended:			
Address of Last School Attended:			
City:		State:	ZIP Code:

THIS AREA FOR OFFICE USE ONLY

Date Completed:

Teacher:

Start Date:

House/Team:

ID#:

Notes:

STUDENT LIVES WITH: PARENT 1 (SPECIFY BELOW) PARENT 2 (SPECIFY BELOW)
 BOTH PARENT 1 AND PARENT 2 (SPECIFY BELOW) OTHER (PLEASE SPECIFY)

PARENT INFORMATION

Parent 1 Name:

Mailing address:

City:

State:

Zip Code:

Home phone:

Work phone:

Cell phone:

Email address:

Parent 1 has legal custody: Yes No* ***If No, court order must be submitted to school**

Parent 2 Name (if different from student):

Mailing Address:

City:

State

Zip Code:

Home phone:

Work phone:

Cell phone:

Email address:

Parent 2 has legal custody: Yes No* ***If No, court order must be submitted to school**

Other Guardian Name:

Physical address (if different from student)

City:

State:

Zip Code:

Home phone:

Work phone:

Cell phone:

Email address:

Other Guardian has legal custody: Yes No

EMERGENCY CONTACT INFORMATION

Name:

Relationship to student:

Physical address:

City:

State:

ZIP Code:

Home phone:

Work phone:

Cell phone:

SIBLING INFORMATION

Sibling 1 Name:

Date of Birth:

Sibling 2 Name:

Date of Birth:

Parent Signature:

Date:



5420 Shelburne Road, Suite 300, Shelburne, VT 05482
Telephone 802-383-1234 Fax 802-383-1242

Proof of Residence

I affirm that _____ is eligible to attend school in:

_____Charlotte _____Hinesburg _____Shelburne _____Williston _____CVU
student name

because his/her parent(s) or guardian(s) _____

_____ Have purchased a home within the town of _____, which is
Parent or guardian name(s)
Name of CSSU town
occupied as their legal residence;

_____ Have leased a home within the town of _____, which is
Name of CSSU town
occupied as their legal residence;

_____ Are living with a resident from _____, which is
Name of CSSU town
occupied as their legal residence.

As proof of this residence, I have presented one of the following showing the physical address:

- _____ Purchase Agreement*
- _____ Warranty Deed*
- _____ Lease Agreement*
- _____ Voter Registration (copy of receipt or Town Clerk’s confirmation)*
- _____ Notarized letter from the school district resident with whom I am residing accompanied by proof of their residency*

OR, **TWO** of the following:

- _____ Utility bill which shows the physical address of the residence*
- _____ Other (example: valid Vermont Driver’s License which shows the physical address of the residence*)

*Please black out or otherwise remove any information you choose to have remain private. Item(s) presented for proof of residency must show the resident’s name and the 911 physical address of the residence.

Signature: _____ Date: _____
Print Name: _____ Date: _____

I acknowledge that the above information has been presented showing a residence in
_____ Name of CSSU town

Signature of School Official: _____ Date: _____