

**South Burlington School District
Frederick H. Tuttle Middle School
Registration Form**

School Year _____

DATE _____

Student's Name _____	Entering Grade ____	Birth date _____	Gender F ____ M ____
Student's Email Address* _____	Student's Cell Phone * _____		
Student's Physical Address _____			
City, State, Zip _____			
Mailing address if different from above _____			
Child lives with _____ Mom _____ Dad _____ Both Parents _____ Other (Please Name) _____			
Race – Please check one (required for Federal and State Reporting: White (Non-Hispanic) _____ Black or African American (Non-Hispanic) _____ Hispanic/Latino _____ American Indian/Alaskan _____ Asian _____ National Hawaiian Pacific Island _____ Blended (please specify) _____			
Birth City _____		Birth State _____	Birth Country _____
Has this student ever been enrolled in the South Burlington School District? (school and year attended) _____			

Parent/Mother/Guardian Name _____	E-mail address _____
Parent/Mother/Guardian Physical Address _____	Home Phone _____
City, State, Zip _____	Cell Phone/Pager _____
Mailing address if different from above _____	
Circle the highest level of education completed by this parent. Pre-High School High School 2 Yr. School 4 Yr. College Advanced Degree	
Name of Employer _____	Work Phone _____
Should this person receive mailings? Yes ____ No ____	Does this person have permission to pick up the student? Yes ____ No ____

Parent/Father/Guardian Name _____	E-mail address _____
Parent/Father/Guardian Physical Address _____	Home Phone _____
City, State, Zip _____	Cell Phone/Pager _____
Mailing address if different from above _____	
Circle the highest level of education completed by this parent. Pre-High School High School 2 Yr. School 4 Yr. College Advanced Degree	
Name of Employer _____	Work Phone _____
Should this person receive mailings? Yes ____ No ____	Does this person have permission to pick up the student? Yes ____ No ____

Stepparent Name (if applicable) _____	E-mail address _____
Stepparent Physical Address _____	Home Phone _____
City, State, Zip _____	Cell Phone/Pager _____
Mailing address if different from above _____	
Name of Employer _____	Work Phone _____
Should this person receive mailings? Yes ____ No ____	Does this person have permission to pick up the student? Yes ____ No ____

***We will use this information for necessary safety announcements. Please use regularly used email address.**

(OVER)

Stepparent Name (if applicable) _____ E-mail address _____

Stepparent Physical Address _____ Home Phone _____

City, State, Zip _____ Cell Phone/Pager _____

Mailing address if different from above _____

Name of Employer _____ Work Phone _____

Should this person receive mailings? Yes ___ No ___ Does this person have permission to pick up the student? Yes ___ No ___

Is there any reason for this school to have any concern about this student's safety or the safety of others with whom s/he will have contact?
 Yes ___ No ___ (If yes, please give details)

Name anyone forbidden access (by court order) to this child ** _____ Relationship to Child _____

Name anyone forbidden access (by court order) to this child ** _____ Relationship to Child _____

****The school needs a copy of a court order on file.**

There may be times when a parent/guardian cannot be reached, so please indicate names of those "contact" people who will assume temporary care of your child if you cannot be reached.

1. _____

Name	Street/City/State	Relationship to student
Work #	Home #	Cell phone #

Does this person have permission to pick up the student? Yes _____ No _____

2. _____

Name	Street/City/State	Relationship to student
Work #	Home #	Cell phone #

Does this person have permission to pick up the student? Yes _____ No _____

3. _____

Name	Street/City/State	Relationship to student
Work #	Home #	Cell phone #

Does this person have permission to pick up the student? Yes _____ No _____

In case of accident or serious illness, I request the school to contact me immediately. If unable to reach me, I hereby authorize school officials to call the physician indicated below and to follow her/his instructions. If it is impossible to contact this physician, school officials may make whatever arrangements are necessary.

Physician's name and telephone _____ Date of last physical _____

Dentist's name and telephone _____ Date of last exam _____

Parent signature _____

South Burlington School District Registration Form - FHTMS

Student's Name _____ Grade _____ Birth date _____

Town which pays tuition: _____ School Previously Attended: _____

Address of Previous School: _____

Parent/Guardian Marital Status: Married___ Separated___ Divorced___ Remarried___ Civil Union___ Single___ Other___

Names and Birth dates of Brothers and Sisters:

Name	Date of birth	Name	Date of birth
Name	Date of birth	Name	Date of birth
Name	Date of birth	Name	Date of birth

PARENT/GUARDIAN SECTION

If the student's parents are separated or divorced, who has **legal** rights and responsibility for the child?

Name(s): _____ Relationship(s) to student: _____

If the student's parents are separated or divorced, who has **physical** rights responsibility for the child?

Name(s): _____ Relationship(s) to student: _____

If the student's parents are separated or divorced, please list the street address of the parent or legal guardian who lives in the district: _____

*Are there any "parent child contact" or restraining orders to this student about which the school should be aware? Yes _____ No _____ (If yes, please attach copy of legal documentation)

State Care and Custody? ___ Yes ___ No (If yes, please provide the following information):

Location of DCF Agency: _____ Phone: _____

DCF Caseworker Name: _____ Phone: _____

Has a surrogate been assigned? Yes _____ No _____

*Parents have access to school records in the absence of documentation prohibiting access.
(Please attach if documentation exists)

ACADEMIC/EMOTIONAL INFORMATION

Are there any areas of academic concern of which we should be aware?

If the student has a modified educational plan, please circle one of the following:

IEP-(Spec Ed) Sec. 504 Act 157 (230) Title I (reading) Extra Help ELL Other

Is the student currently receiving mental health service? Yes _____ No _____

Has the student been suspended or expelled? Yes _____ No _____

Is the student being considered for suspension or expulsion? Yes _____ No _____

Is the student on a behavioral plan at his/her present school? Yes _____ No _____

If yes to any of these, please give details.

Child Find Notice

The South Burlington School District wishes to inform interested parties that all individuals with disabilities from birth through age of 21, who are in need of special education and related services, need to be identified, located and evaluated. Also, any person between the ages of 3 through 21, who is need of special education and related services, is entitled to a free and appropriate public education. Therefore, anyone who has information about individuals with disabilities should contact the Office of Instruction at 500 Dorset Street, South Burlington, Vermont, 05403 (802) 652-7390 or 652-7253.

Family Education Rights Privacy Act Notice

The South Burlington Board of School Directors endorses the right of parents, legal guardians, and students who are 18 years or older to inspect and review any and all official records and further endorses the protection of individual rights to privacy and confidentiality as put forth in Public law 93-380, Section 513 "Family Education Rights and Privacy Act of 1994) and South Burlington School District Policy 2.8. For additional information contact the Office of Instruction, 500 Dorset Street South Burlington, Vermont (802) 652-7390 or 652-7253.

PROOF OF RESIDENCY REQUIREMENT (please provide the following)

1. Proof of South Burlington, Vermont residency from ONE of the following:

- Renters agreement or copy of lease showing South Burlington address and name of parent/legal guardian
- Notarized letter from landlord stating South Burlington address and name of parent/legal guardian, along with the landlord's address and telephone number
- Mortgage or title showing South Burlington address and name of parent/legal guardian

AND

2. Proof of South Burlington, Vermont residency from TWO of the following:

- Valid Vermont driver's license with South Burlington address
- Valid Vermont identification card with South Burlington address
- Valid voter registration card or receipt with South Burlington address
- Valid Vermont vehicle registration card
- Current utility bill in your name
- Valid automobile insurance card with address showing
- Bank statement for last or current month (financial information redacted)

Initials of school personnel who has verified above _____

ADDITIONAL REQUIREMENT

- Immunization Record

For elementary and middle school only:

- Birth Certificate Place of birth _____
Please provide a copy City State Country

Initials of school personnel who has verified above _____

I agree that the above information is accurate.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature

Date