



BElLOWS FREE ACADeMY

75 Hunt Street
Fairfax, VT 05454
Ph 802-849-6711
Fax 802-849-2611
www.bfafairfax.com

Justin Brown, Middle School Principal
John T. Tague, High School Principal
Thomas J. Walsh, Elementary Principal
Geri Witalec-Krupa, Director of Student Activities

BOARD OF DIRECTORS

Scott Mitchell, Chair Sandy Alexander, Clerk Kathi Muehl Matt Hogan Megan Maddocks
Laurel Samson, Student Rep Janaya Parsons, Student Rep



Student Enrollment Checklist for Parents/Guardians

Welcome to Bellows Free Academy, Fairfax! To expedite the process of enrolling your child(ren) in our school, we have developed a checklist of forms that are required.

- _____ Proof of Residency - REQUIRED for enrollment. Please complete the Verification of Residency form and attach the 2 required documents.

- _____ Immunization Record - REQUIRED

- _____ Birth Certificate - REQUIRED

- _____ Copy of Custody Agreement
(required for parents who are separated or divorced)

- _____ State-Placed Documentation (for students in state custody)

- _____ Student Enrollment Packet (See attached)
*Please be sure to completely fill out, sign and date the Student Data form.
If your student is on any type of educational plan (504, IEP, EST) please note that Information on page 2 of the data sheet.

- _____ PreK students only - Child Care General Health Examination Form.
(This form must be signed by your pediatrician.)

BELLOWS FREE ACADEMY – Fairfax

STUDENT DATA FORM 2023-24

It is important that BEA-Fairfax be notified immediately if any student information changes. This will enable staff to input any changes that may occur during the school year and have the most up-to-date information available.

Student Name: _____ Entering Grade: _____ Sex Assigned at Birth M F
First Name, Middle Name, Last

Student Preferred Pronoun(s) _____ Gender Identity _____

Legal Town of Residence: _____ →→→→→(what town do you pay taxes or pay rent to)

Place of Birth: _____ Date of Birth: _____

What is the student's race? _____ (American Indian or Alaska Native, Asian, African-American, Native Hawaiian or Pacific Islander, Caucasian)

Ethnicity: Is the student Hispanic or Latino? Yes No

Student Lives With: (Check which option applies)	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather
	<input type="checkbox"/> 50/50 Custody	<input type="checkbox"/> Guardian(s)	<input type="checkbox"/> Other	

IS THIS STUDENT IN STATE DCF CARE AND CUSTODY? <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/GUARDIAN INFORMATION SECTION

Our school software allows for one person to be listed under Contact 1st through 4th. Please read the following instructions listing each contact as follows:

1st Contact – The first contact is the person that the student spends the most time with, ie biological mother, biological father, or primary guardian(s). In the case of students living 50/50 with separate parents, please list one parent name on each of the 1st and 2nd contacts. That way, both parents will receive school mailings. For students living 100% with both parents, please list one parent name on each of the 1st and 2nd contacts.

2nd Contact – See instructions for 1st Contact above. School mailings will be issued if the address is different from 1st contact (ie 50/50 student custody relationships).

3rd & 4th Contact - This contact will not receive school mailings. Do not list emergency contacts in these two fields.

1st Contact (See instructions above)

Parent Name or Primary Guardian:	Does this person have legal custody? Yes/No or 50/50
Mailing Address:	
Town:	Home Phone:
State / Zip Code:	Cell Phone:
Employer Name and Work #:	Email Address:
U.S. Citizen (circle one): Y N	
Primary Language Spoken At Home:	

2nd Contact (See instructions above)

Parent Name or Primary Guardian:	Does this person have legal custody? Yes/No or 50/50
Mailing Address:	
Town:	Home Phone:
State / Zip Code:	Cell Phone:
Employer Name and Work #:	Email Address:
U.S. Citizen (circle one): Y N	
Primary Language Spoken At Home:	

3rd Contact (See instructions on page 1)

Name: _____		Does this person have legal custody? Yes/No or 50/50 _____	
Mailing Address: _____			
Town: _____		Home Phone: _____	
State / Zip Code: _____		Cell Phone: _____	
Employer Name and Work #: _____		Email Address: _____	
U.S. Citizen (circle one): Y N			
Primary Language Spoken At Home: _____			

4th Contact (See instructions on page 1)

Name: _____		Does this person have legal custody? Yes/No or 50/50 _____	
Mailing Address: _____			
Town: _____		Home Phone: _____	
State / Zip Code: _____		Cell Phone: _____	
Employer Name and Work #: _____		Email Address: _____	
U.S. Citizen (circle one): Y N			
Primary Language Spoken At Home: _____			

Other Contact Information

Information you would like us to have about other parental or guardianship outside of home:

Name: _____ Relationship to Student: _____

Address: _____ City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Siblings

First Name _____	Last Name _____	Gender _____	DOB _____
First Name _____	Last Name _____	Gender _____	DOB _____
First Name _____	Last Name _____	Gender _____	DOB _____
First Name _____	Last Name _____	Gender _____	DOB _____

Emergency Contact

Our software allows for up to two emergency contacts per student. **Do not list anyone from 1st - 4th Contacts.** Emergency information is generally relatives or neighbors that may be available if BFA cannot reach Contact 1 - 4 during the school day.

Name: _____ Relationship _____ Name: _____ Relationship _____

Address: _____ Address: _____

Home Phone: _____ Cell: _____ Home Phone: _____ Cell: _____

Educational Services (please do not leave blank)

Your child may be eligible for supplemental educational services. Have you moved or worked on a farm or in the logging industry within the past three years? Yes No

Does your child currently receive educational services for reading, math, or other? Yes No If yes, please specify service. Examples: IEP, 504, etc. _____

Parent/Guardian Signature_____
Date

VERIFICATION OF TOWN OF RESIDENCE 2023-24

So that we may maintain our ACT 60 compliance, we are requesting that you COMPLETE and RETURN THIS FORM TO THE SCHOOL before enrolling. This information is also used for the accurate billing of tuition for sending towns.

Student's Name (Please list all in household)	Date of Birth	Age	Grade Level

Student(s) reside with: _____

Relationship to student(s): _____

Mailing Address: _____

Physical Address Location: _____
(Street address, town highway, state road, etc. *PO Box address will not be accepted*)

Legal Town of Residence: _____

How long have you lived at this location? _____

The above information is accurate as of this _____ day of _____, 20____.

Signature of Parent/Guardian: _____

If you are a new registrant OR if you have moved at any time in the last year, you must also provide documentation to verify your residency. Please return your form (and documentation, if required) to the School Registrar.

How To Prove Residency

Please complete this form and attach two of the following documents to this application so that legal residence can be established. Please return the form & documentation to the Registrar.

- A letter from the Town Clerk's office indicating your actual address.
- A current property tax bill.
- A copy of your signed rental agreement indicating the actual location of your residence, and the name and phone number of the landlord.
- 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.
- A valid driver's license showing your actual address, not a post office box or RFD address.
- Copies of utility bills that show your actual physical address.

SCHOOLREACH NOTIFICATION SYSTEM 2023-24

BFA-Fairfax currently uses SCHOOLREACH NOTIFICATION SYSTEM, a rapid notification and communication service for communicating with Pre-K to Grade 12 students, parents, faculty, staff, and administration, thus enhancing communication between school and parents. SCHOOLREACH enables schools to deliver thousands of voice or text messages to telephones, mobile phones, PDAs or any internet-enabled device within minutes.

We are asking that you submit the requested information so that we are able to communicate with you when needed. This information will be used for school-purposes only and is held in strict confidence.

PLEASE READ CAREFULLY

You may have **two** emergency and **two** non-emergency phone numbers and email addresses. Work phone number(s) **CANNOT** have extension numbers associated with the phone number.

Student Name: _____

Grade Level: _____

EMERGENCY INFORMATION DEFINITION:

Phone numbers and email addresses that will be contacted DURING school hours, ie 7:30 a.m. to 3:00 p.m. Example: Early School Closing, School Lockdown, etc.

Emergency Phone #1: _____

Emergency Phone #2: _____

Emergency Email Address #1: _____

Emergency Email Address #2: _____

NON-EMERGENCY INFORMATION DEFINITION:

Non-emergency information will be used during off-hours, ie before 7:30 a.m. and after 3:00 p.m. Example: Snow Day, Power Outage, Event Reminders, etc.

Non-Emergency Phone #1: _____

Non-Emergency Phone #2: _____

Non-Emergency Email Address #1: _____

Non-Emergency Email Address #2: _____

RETURN FORM TO

BFA-Fairfax Guidance Office, 75 Hunt Street, Fairfax, VT 05454



BELLOWS FREE ACADEMY

75 Hunt Street Fairfax, VT 05454 Ph. 802-849-6711 Fax. 802-849-2611



Student's name: _____ Date of birth: _____ Grade: _____

Address: _____

FAMILY DYNAMICS

Parent/guardian name: _____ Parent/guardian name: _____

Family status: Married Divorced Single Separated

Sibling's name: _____ Age: _____ Sibling's name: _____ Age: _____

Sibling's name: _____ Age: _____ Sibling's name: _____ Age: _____

SIGNIFICANT MEDICAL HISTORY

In reviewing the following chart, please provide additional information for each yes response.

Health concern	NO	YES (explain)
ADD/ADHD		
Allergies (please list)		
Anxiety		
Back (i.e. scoliosis)		
Birth complications		
Breathing/respiratory (asthma/tracheomalacia)		
Bleeding		
Chicken pox		Date: _____
Depression		
Diabetes		
Ear infections		
Eyes (vision)		
Head injury/concussion (date of concussion)		
Heart conditions (murmur/irregular heartbeat/surgery)		
Hospitalizations/surgeries (date/reason)		
Seizures (type/date of most recent seizure)		
Skin (eczema)		
Toileting (incontinence/constipation)		
Other health concerns not listed:		
Significant family medical history (i.e. diabetes, seizures, heart conditions, etc)		

CURRENT HEALTH

- Is your student currently being treated for any illness or condition? ___ yes ___ no

If yes, explain: _____

Who is treating your student: _____

- Is your student currently taking or prescribed any medication (daily, allergy, inhaler, epi-pen, etc)?

___ No ___ yes (please explain below)

NAME OF MEDICATION	DOSE	AT SCHOOL OR HOME?	REASON

** IF YOUR CHILD WILL BE TAKING PRESCRIPTION MEDICATION AT SCHOOL. PLEASE CONTACT THE SCHOOL NURSE



BELLOWS FREE ACADEMY

75 Hunt Street Fairfax, VT 05454 Ph. 802-849-6711 Fax. 802-849-2611



Student's current health care provider: _____ Phone: _____

Student's current dentist: _____ Phone: _____

HEALTH INSURANCE

What type of health insurance does your child have?

_____ Private (BlueCross/BlueShield, MVP, Cigna,etc)

_____ Medicaid (Dr. Dynasaur/VCHIP)

IMMUNIZATIONS

It is federal law that all children have an updated immunizations record on file before a student is admitted into school. Please attach a current copy of your student's immunization records.

If your child is not immunized due to religious or medical reason, the school requires a signed exemption form on record. An exemption form should be completed for each school year.

EXEMPTION: _____ religious _____ medical

** Please attach signed exemption form

OTHER

PHYSICALS: For your child to participate in school sports, we require documentation of a physical exam, by your child's health care provider, every 2 years. ****Include your child's most recent physical with this document.**

SCREEN TIME: Does your child have limited screen time? _____ No _____ yes

If yes, how many hours a day is screen time allowed (outside of school): _____

Does your child have a cell phone or tablet: _____ no _____ yes

Is there anything else we should know about your child?

Parent/guardian signature: _____

Date: _____

BELLOWS FREE ACADEMY, FAIRFAX
Transportation Form

This form should be completed for all new students and turned in with your registration paperwork. *If at any time a change occurs in your student's transportation plan, please fill out a new transportation form and return it to the main office (Elementary for Kindergarten - Grade 4; Middle/High for Grades 5 - 12).*

Parent(s) Name: _____ Date: _____

Student Name: _____ Grade: _____

Home Address: _____

Please list the daily plans for your child below by indicating whether your child will take a bus, have parent transportation, or will walk. If your child will be picked up or dropped off at a location other than their home address, please complete the Daycare information section at the bottom of this page.

When listing AM/PM transportation, please indicate the physical address.

A.M. Transportation to School

P.M. Transportation from School

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

For your children grade 3 and under, do you give them permission to be let off the bus at home without someone there to meet them? *If YES, please sign here* _____

***It is the parent's responsibility to notify the school, in writing, of any changes to this information.**

If your student will be picked up or dropped off at an alternate address (within the Fairfax school district), please complete the following.

Morning Daycare Name: _____ **Telephone #:** _____

Address: _____

After School Daycare Name: _____ **Telephone #:** _____

Address: _____

STATE PLACED STUDENT ENROLLMENT QUESTIONS

(Complete this form if student is in DCF Custody)

Student: _____ DOB ___/___/___

Person Completing Form: _____ School: _____ Date: ___/___/___

Is the student in DCF Custody? YES NO

If yes, DCF District Office: _____

Social Worker Phone Number: _____

Is the child in the care of another child placing agency? YES NO

If yes, which agency? _____
(Mental Health, Casey Family Services, other?)

Agency contact name/phone #: _____

Who is the legal guardian/custodian? Note: This is the only person who can legally enroll the student.

Name: _____ Phone#: _____

Does either of the students parents live in Fairfax: YES NO

IF NO, WHERE DO THE PARENTS LIVE: Mother _____

Father _____

Is the student on an IEP? YES NO

If yes:

- Send a copy of this form to your Special Education Coordinator and Medicaid Clerk
- Who is the Educational Surrogate Parent? If unknown, contact the Vermont Educational Surrogate Parent Program at 828-5108.

Name: _____ Phone: _____

Where did the student last attend school/last educational placement:

District: _____ Contact Person: _____

Phone #: _____

Signature of Legal Guardian: _____

Appendix B: Home Language Survey

Dear Parent/Guardian(s):

Vermont welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset for individuals, families, and communities. We encourage families to maintain their languages while learning English. In order to ensure meaningful communication between your family and our school, please let us know if you have questions and/or would like translation/interpreting services related to this survey or other important school notices.

In order to meet challenging academic standards for all students, Federal law requires that public schools identify students who may be entitled to English language support services. Every parent/guardian of newly enrolling students in Kindergarten through grade 12 must complete the survey questions (below) at registration. An English Learner (EL) Specialist may request further information, if needed, to determine whether your student should be classified as an English Learner (EL) and is eligible to receive additional services.

Thanks very much for your time in completing this form! Please be assured that the survey information is used solely for educational purposes, to identify potential English Learners who might be eligible for English language support.

Student Information (Parents/Guardians should complete this section.)			
First Name:	Last Name:	Date of Birth (Month/Day/Year)	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth:	Date of Entry in U.S. (Month/Day/Year):	Date student first began Kindergarten (or higher grade) in any U.S. school (Month/Day/Year):	
Questions for Parents/Guardians		Response	
1. What language(s) are spoken in your home?			
2. What language do you most <i>often</i> speak to your child?			
3. What language does your child <i>currently</i> use most often at home?			
4. What is the native language of each parent/guardian?			
5. What language did your child first speak or understand?			

For LEA Use Only:
What school will the student attend?
What grade will the student enter?
Beginning date in this school (Month/Day/Year):

This student was screened for English Language Proficiency and identified as an English Learner (EL)?* Y / N

Name of Test Administrator:

Date Student Screened:

*If not identified as an English Learner, does the student meet the ESSA Definition of "Immigrant Children and Youth"?** Y / N

Under ESSA, the term 'immigrant children and youth' means individuals who –

"(A) are aged 3 through 21;

"(B) were not born in any State (including Puerto Rico); and

"(C) have not been attending one or more schools in any one or more States for more than 3 full academic years."

*LEAs should submit HLSs to the VT-AOE using the HLS collection site only for students who have been:

1. Screened by EL Professionals for English Language Proficiency and identified as ELs; and/or
2. Identified as eligible to be counted under the "Immigrant Children and Youth" definition.



VERMONT EMPLOYMENT SURVEY

Please complete this form and return it to your school's office. All information provided is confidential. The Vermont Migrant Education Program will contact you to determine if your family is eligible. An eligible student can be of any race and/or ethnicity and speak any language. Please call if you have any questions: 866-860-1382 ext. 226

Guardian/Parent Name(s) _____ Date _____

Address _____ Town _____

Cell phone(s) _____ Land-line _____

Has your family moved from one town or state to another town or state in the last three years?

No, You do not need to complete the rest of this form. Thank you!

Yes, If yes from where? _____ Please complete the rest of this form.
 (town, city, state, country)

In the past three years, have you or anyone in your family worked in agriculture or logging? _____
If yes, please check all that apply:

- Dairy Work;
- Hemp;
- Raising and tending to poultry including egg production;
- Raising cows, pigs and other livestock or work in a slaughterhouse or other meat processing facility;
- Planting, growing, harvesting, packing, cutting or preparing fruits, vegetables and flowers for sale;
- Working in a greenhouse or nursery (tree/plant/flower) or planting, tending or harvesting field crops;
- Working in the woods in logging, maple sugaring, planting trees, Christmas treeing, etc.;
- Working in the catching, raising, harvesting or initial processing of fish or shellfish.
- Other _____

Please list all children ages 0 to 22 in your household: (list additional names on bottom of form)

Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:

Updated on 10.17.2019



Cultivating Healthy Communities

University of Vermont Extension and U.S. Department of Agriculture, cooperating, offer education and employment to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status.



MIGRANT EDUCATION ELIGIBILITY CRITERIA

An eligible student can of any race and/or ethnicity and speak any language. Staff from the Vermont Migrant Education Program will help families determine whether a family or student meets the eligibility requirements described below:

Who qualifies for our program?

A child may qualify if the following apply:

- Child is under age of 22 has not graduated from high school or another accreditation program; and
- Child has moved across school district lines with a farmworker (parents, guardians, etc); and
- Parent/guardian has engaged in qualifying seasonal or temporary agricultural work.

Examples of Qualifying Work:

- ✓ Dairy;
- ✓ Hemp;
- ✓ Poultry and livestock;
- ✓ Slaughterhouse, meat processing;
- ✓ Fruit and vegetable production, harvesting, processing;
- ✓ Greenhouse or plant nursery work including trees, plants, flowers;
- ✓ Field crop work for animal feed or human consumption;
- ✓ Working in the woods logging, maple sugaring, planting trees, Christmas treeing, etc.
- ✓ Working in the catching, raising, harvesting or initial processing of fish or shellfish.



For eligible students enrolled in school, VMEP offers:

- Parent and school communication support. (Includes ensuring interpretation/translation is available to student/family.)
- School supplies and books
- Support for school enrollment including PK
- Referrals to afterschool, summer and health programs and services
- Information on post-secondary opportunities

BFA Fairfax
Library Card Information

Student Name: _____

Grade Level: _____ **Phone Number:** _____

Address: _____

I give permission for my child to borrow library materials. I understand that the library has books for all ages on the shelves and I alone have the responsibility to restrict my child's reading. I agree to pay for any materials damaged by my child.

Signature of Parent/Guardian

Date