



Parent or Guardian: Please Read Below

SCHOOL CHOICE IN THE ISLANDS

The Grand Isle Supervisory Union schools specialize in educating grades K-6/K-8, while students in grades 9-12 have the choice of attending High Schools in neighboring counties. We encourage families and students to research which school is the best option for them.

In order for the Grand Isle Supervisory Union to process the student's school choice, residency must be verified and GISU will issue the family a tuition voucher.

- In order to process a voucher once choice has been made, families must fill out and return the residency verification forms. There are two forms that need to be completed. The first is a form to record the important demographic information related to your child. Please complete the first three sections of the demographic form (The fourth section is only for students who are enrolling for the first time). The second form is a residency verification form. This form outlines what it means to have residency in a town. After you review and complete the Residency Verification Form please make a copy of the two required documents and send them with the forms back to The Grand Isle Supervisory Union, c/o Dave Mills, P.O. Box 54 Grand Isle, Vermont 05458. If you prefer not to make copies of the documents please stop by the GISU office and share them directly with Dave.
- Please choose your town of residence from the list below to retrieve the necessary forms:

- Alburgh
- Grand Isle
- Isle La Motte
- North Hero
- South Hero

residency form →

please click on the town you live in to access the form.

- Once residency is verified, a tuition voucher must be submitted to the GISU office on an annual basis to confirm student information. Vouchers will be mailed, but may also be found by clicking here.

→ please click on link for tuition voucher form

If you have questions about your residency or this process please contact Dave Mills at dmills@gisu.org or (802) 372-6921 extension 2008 or Superintendent Michael Clark.

Residency Verification Form North Hero School District

PLEASE PRINT ALL INFORMATION

Student: DOE Jane Sarah Grade: 6 Gender: Female
Last First Middle

DOB: 10/01/08 Home Phone: 802-777-8866 Starting Date: 08/25/21

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: english

Mailing Address: 123 main street Street Address (if different): _____
north hero VT 05457 Town of Residence (if different): north hero

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

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

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

Mailing Address: 123 main street Home Phone: n/a Cell Phone: 777-8866
Employer: GISU Work Phone: () n/a Ext. _____

Email Address: Parent 1: sdoe@gisu.org Parent 2: Thomas Doe + doe@gymnast.com
Parent 2/Guardian: Thomas Doe Relationship to Child: father
(i.e. mother, father, aunt, etc.)

Mailing Address: 123 main street Home Phone: n/a Cell Phone: 888-5566
Employer: self-employed Work Phone: () n/a Ext. _____

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

Names, DOB, and Grade of Siblings:

Name: n/a 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: Sally mae Relationship: Aunt Phone/Type: cell 502-1234
Name: _____ Relationship: _____ Phone/Type: _____
Name: _____ Relationship: _____ Phone/Type: _____

Student's Doctor: Timberlane Pediatrics Phone: 777-1234

Child Care Provider: n/a
Address: _____ Phone: _____

School Last Attended: North Hero Elementary School
Address: 6441 US-2 North Hero State: VT Zip Code: 05474
Phone: () _____ Grade: 6

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? 20-21
12-061 (over) Which school? North Hero

North Hero School District

Residency Verification Form

The **North Hero** School District has the responsibility to the taxpayers of **North Hero** 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 **North Hero**, nor if one has a post office box in **North Hero**, nor if one owns a business in **North Hero**. If you do not meet the State's residency requirement, your child may not attend the **North Hero** 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 **North Hero**.

*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 **North Hero**.*

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

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 North Hero, Vermont.</p> <ul style="list-style-type: none"> • A current property tax bill. • Current mortgage papers/closing statement showing a North Hero address and the name of the legal parent/guardian, or custodian. • Formal lease showing the name, address and telephone number of the landlord; North Hero 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. 	<p>AND</p>	<p>One of the following documents are required to verify residency in North Hero, Vermont.</p> <ul style="list-style-type: none"> • Valid Vermont driver's license with North Hero address. • Valid Vermont non-driver ID with North Hero address. • Current utility bill in your name, with North Hero address. • Valid public aid card.
---	-------------------	--

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.

Sarah Poe

Signature of Parent/Guardian

01/01/21

Date

Residency Documents Verified By: _____

Signature & Title of School Official

NON-RESIDENTS OF THE TOWN OF North Hero ONLY:

I am NOT a resident of the Town of **North Hero**. I reside in the town of _____.

Signature of Parent/Guardian

Date

Grand Isle Supervisory Union

224 US Route 2 Grand Isle, Vermont 05458

P.O. Box 54 Grand Isle, Vermont 05458

Phone: 802-372-6921 Fax: 802-372-4898 Web Site: www.gisu.org

example

Tuition Voucher 2020/2021

→ find the one
2021/2022

No tuition will be paid to any public or private institution until an approved tuition voucher form is on file at the Grand Isle Supervisory Union Office. The Grand Isle Supervisory Union will not be responsible for any tuition and/or late fees incurred prior to the date that it has been submitted to the GISU Office for approval. If your child changes schools during the semester, please notify the Superintendent's office of the change.

Please contact: David Mills at (802)372-6921, ext. 2008 with any questions.

Student's Name: Jane Doe Town of Residence: North Hero
DOB: 10/01/08 Age: 12 Gender: F Grade: 6th
Parent 1/Guardian: Sarah Doe
Parent 2: Thomas Doe
Student resides with (Parent/Guardian Full Name): Sarah & Thomas Doe
Relationship to student: parent Telephone Number: 802-777-8866
Mailing Address: 123 main Street North Hero VT 05457
Physical address: 123 main Street North Hero VT 05457
Name and Address of School: North Hero Elementary School
6441 US-2 North Hero VT 05474

Please check one of the following:

- I have completed the residency verification form and enclosed with this voucher.
 I have completed the residency verification form and it is on file at the Superintendent's Office.
 I have completed and returned the residency verification form for my younger son/daughter _____
Grade _____ who attends _____ school.

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 or both.

Signed Sarah Doe Date 01/01/21

Superintendent _____ Date _____

Once complete, please send form to:

Grand Isle Supervisory Union

c/o David Mills

P.O. Box 54

Grand Isle, VT 05458

Serving the Beautiful Lake Champlain Islands and Communities of Grand Isle County

Alburgh - Grand Isle - Isle La Motte - North Hero - South Hero