

\*\*\*Please Circle Town of Residence\*\*\*

Chelsea

Royalton

Sharon

Strafford

Tunbridge

Orange Windsor Supervisory Union 3590 VT Route 14  
South Royalton, Vermont 05068

Telephone (802) 763-8840

Fax (802) 763-3235

## TUITION/RESIDENCY VERIFICATION FORM

School Year \_\_\_\_\_

No tuition will be paid to any public or private institution until an approved tuition voucher form is on file with the Orange-Windsor SU Business Office. The School District will not be responsible for any tuition and/or late fees incurred prior to the date that it has been submitted to the Business Office for approval. If your child changes schools during the semester you must complete a new voucher.

Student's name: \_\_\_\_\_  
Last First

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of school the student will attend: \_\_\_\_\_

Resident parent's name(s): \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Parent or Guardian's full name)

Location (E-911 address) \_\_\_\_\_  
(Street address, town highway, state road, etc. P.O. Box or RFD address will not be accepted)

How long have you lived at this location? \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(If Different)

If you have lived at this location for less than one year, you will need to attach a copy of your buy/sell or rental agreement and at least two other pieces of the following documentation to establish legal residency.

1. Letter from the Town Clerk's office indicating your actual address and confirming that you are on the current voter checklist.
2. Copy of utility bills that show your actual address imprinted on them (fuel delivery slip or electric bill).
3. Valid driver's license showing your actual address, not a P.O. Box or RFD address.
4. Vehicle registration

If one parent/guardian does not live in the town being billed, please complete the following information for that parent/guardian:

Parent's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Parent or Guardian's full name)

Town of Residence \_\_\_\_\_ Mailing address: \_\_\_\_\_

I certify that the above statements are true and that I understand the statutes regarding false claims on the reverse side of this form.

\_\_\_\_\_  
Parent/Guardian/Foster Parent Date

\_\_\_\_\_  
Authorized Receiving School Signature Date

\*\*\*Please return this form to the school your child attends\*\*\*

\_\_\_\_\_  
Superintendent's Approval