

Jamie Kinnarney, Superintendent of Schools  
Anda Adams, Chief Academic Officer of MTSS  
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TUITION/RESIDENCY VERIFICATION FORM				
*** PLEASE CIRCLE TOWN OF RESIDENCE***				
BETHEL	CHELSEA	GRANVILLE	HANCOCK	ROYALTON
ROCHESTER	SHARON	STOCKBRIDGE	STRAFFORD	TUNBRIDGE

Student's Name: \_\_\_\_\_

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

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

Resident parent/guardian's name(s): \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Physical (E-911) Address: \_\_\_\_\_  
(PO Box or RFD address will not be accepted)

Mailing Address (if different): \_\_\_\_\_

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

**IF YOU HAVE LIVED AT THIS LOCATION FOR LESS THAN ONE YEAR, PLEASE REFER TO THE WRVSU VERIFICATION OF STUDENT RESIDENCY FOR TUITION PAYMENT POLICY FOR AFFIDAVIT & DOCUMENTATION NECESSARY FOR TUITION PAYMENTS TO BE MADE TO THE RECEIVING SCHOOL**

**If one parent/guardian does not live in the town being billed, please complete the following information for that parent/guardian:**  
Full Legal Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Town of Residence: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
**I certify that the above statements are true and that I understand the statutes regarding false claim on the reverse side of this form.**

\_\_\_\_\_  
Parent/Guardian Date Authorized Receiving School Signature Date

PLEASE RETURN THIS FORM TO THE SCHOOL YOUR CHILD ATTENDS: NO TUITION WILL BE PAID UNTIL THIS APPROVED VOUCHER IS ON FILE WITH WRVSU. THE SCHOOL DISTRICT WILL NOT BE RESPONSIBLE FOR ANY TUITION AND/OR LATE FEES INCURRED PRIOR TO THE DATE THAT IT HAS BEEN SUBMITTED FOR APPROVAL.