PHONE: 802-674-8107 **FAX**: 802-674-6357 **E.MAIL**: lbrown@wsesu.net WSESU, 105 Main St, Suite 200, Windsor, VT 05089

WSESU TUITION VOUCHER FORM

2023-2024 School Year

Tuition payments will be made to approved receiving schools when preceded by a written application (tuition voucher) from the student's parent or guardian.

The School District will not be responsible for any tuition and/or late fees incurred prior to the date that this form has been completed, signed and submitted to the Superintendent's Office for approval. If your child changes schools during the 2023/24 school year, a separate voucher must be completed prior to enrollment in the new school. Please return completed and signed voucher to the Windsor Southeast Supervisory Union by US Mail, FAX, or e.mail (see top of this page) along with any necessary supporting documentation required for residency.

Student's Name:				
Date of Birth:	Age:	Gender:	Grade Level for	2023/24:
Name and Address of High School:				
Will your student be attending a sepa If the answer above is yes, what is the n		•	_	
Please check the appropriate box if your PARENT/GUARDIAN INFORMATION (II		•		
Name of Parent/Guardian1:				
Physical Address of Parent/Guardian1:_				
Mailing Address of Parent/Guardian1:				
Contact Info: (Home)	(Cell)	Email:_		
Name of Parent/Guardian2:				
Physical Address of Parent/Guardian2:_				
Mailing Address of Parent/Guardian2:				
Contact Info: (Home)	(Cell)	Email:_		
Student resides with the person(s) lis	ted below (please chec	k one):		
☐ Both Parent/Guardian1 & Parent/Guardian1		•	t/Guardian1 □ <i>on⊾y</i> l	Parent/Guardian2
PRIMARY residence is within the legal li	mits of the Town of (plea	se check one): □Weath	·	
How long has the student lived within the RESIDENCY VERIFICATION FOR NEW RI				
PLEASE READ CAREFULLY! For Hartland and V Hartland (at the address listed above) for less tha School or Hartland Elementary School, you will of verification documentation are <u>required</u>): Please	Weathersfield resident students none year or you are filling oned to attach a copy of the following to the following the followi	only: If you and your student haut this voucher for the first tire owing documents below to esta	me and your student did not a blish legal and permanent resid	attend Weathersfield
 A copy of ONE of the following cont signature, a <u>notarized</u> statement from A copy of ONE of the following cont registration, bank statement (financials One copy of: A utility bill with your name 	landlord stating you and the s taining your name and PHYS s redacted), or voter registratio	student reside on addressed <u>p</u> SICAL address (not PO box): on.	rimary residence property, or : Valid VT driver's license, cur	a current tax bill.
The tuition voucher $\underline{\textit{will not}}$ be accepted until all will begin \pmb{AFTER} determination of legal and per				bligation for payment
My signature below certifies tha	t the above stateme	<mark>nts are true.</mark> Only a le	gal guardian may sign bel	OW.
Signature of Parent or Legal Guardian	DATE	Printed	name of Parent or Legal	Guardian
_	Christine Bourne, Super		*****	******
OFFICE USE ONLY: 2023/2024 Tuition Voucher received by			SU on_	