ST JOHNSBURY ACADEMY

2025-2026

Day Student Forms Packet

IMPORTANT:

PLEASE DOWNLOAD THIS DOCUMENT BEFORE COMPLETING ANY OF THE FORMS.

ST JOHNSBURY ACADEMY

MAIN OFFICE
802-748-8171

HEADMASTER'S OFFICE

Dr. Sharon Howell
HEADMASTER
802-751-2033 | sharon.howell@stjacademy.org

John Lenzini
ASSOCIATE HEADMASTER
802-751-2370 | john.lenzini@stjacademy.org

Betsy Legendre
EXECUTIVE ASSISTANT TO THE HEADMASTER
802-751-2033 | betsy.legendre@stjacademy.org

ADMISSIONS OFFICE
Main 802-751-2130
Fax 802-748-5463

Tammi Cady
ASSISTANT HEAD FOR ADVANCEMENT
802-751-2010 | tammi.cady@stjacademy.org

Nicole Biggie
DIRECTOR OF ADMISSION
802-751-2440 | nicole.biggie@stjacademy.org

Melissa Murphy
ASSISTANT DIRECTOR OF ADMISSION
802-751-2327 | melissa.murphy@stjacademy.org

Brendan Hughes
ASSOCIATE DIRECTOR OF ADMISSION
802-751-2129 | brendan.hughes@stjacademy.org

Lauren McNally
ASSOCIATE DIRECTOR OF ADMISSION
802-748-7681 | lauren.mcnally@stjacademy.org

Ann Bissonnette
ADMINISTRATIVE ASSISTANT
IMMIGRATION COORDINATOR
802-751-2411 | ann.bissonnette@stjacademy.org

Robin Legendre
ADMINISTRATIVE ASSISTANT
802-751-2364 | robin.legendre@stjacademy.org

ACADEMICS & STUDENT LIFE OFFICE

Binaca Hanson
ASSISTANT HEAD FOR ACADEMICS & STUDENT LIFE
802-751-2024 | binaca.hanson@stjacademy.org

Dale Urie
DEAN OF STUDENTS
802-751-2472 | dale.urie@stjacademy.org

Buffie Hegarty
ACADEMICS OFFICE, EXECUTIVE ASSISTANT
802-748-7737 | buffie.hegarty@stjacademy.org

Laurie Lang
CAMPUS LIFE EXECUTIVE ASSISTANT
802-751-2307 | laurie.lang@stjacademy.org

Saleena Porter
STUDENT LIFE PROGRAM COORDINATOR
802-751-2307 | saleena.porter@stjacademy.org

Class Deans:

Class of 2026
Matthew O'Brien
802-751-2404 | matthew.obrien@stjacademy.org

Class of 2027
Katy Smith
802-751-2337 | katy.smith@stjacademy.org

Class of 2028
Annie Angell
802-751-2467 | annie.angell@stjacademy.org

Class of 2029
Chris Dussault
802-751-2012 | chris.dussault@stjacademy.org

ATHLETICS OFFICE

Patrick Rainville
ATHLETIC DIRECTOR
802-751-2121
patrick.rainville@stjacademy.org

BUSINESS SERVICES OFFICE
Fax 802-751-2127

Carol Lyon
ASSISTANT HEAD FOR BUSINESS SERVICES
802-748-7703 | carol.lyon@stjacademy.org

Jennifer Greenwood
CONTROLLER
802-748-7707 | jennifer.greenwood@stjacademy.org

HEALTH SERVICES OFFICE
Fax 802-748-7798

Sarah Garey, RN, NCSN, CADC
DIRECTOR OF HEALTH SERVICES
802-748-7718 | sarah.garey@stjacademy.org

Aimee Lacroix
SCHOOL COUNSELOR
802-751-2471 | aimee.lacroix@stjacademy.org

Simone Cote, MA
SCHOOL COUNSELOR
802-751-2450 | simone.cote@stjacademy.org

Katie Weikel, MS
SCHOOL COUNSELOR
802-751-2025 | katie.weikel@stjacademy.org

Jill Cahoon
ADMINISTRATIVE ASSISTANT
802-748-7717 | jill.cahoon@stjacademy.org

GUIDANCE OFFICE

Sean Murphy
DIRECTOR OF GUIDANCE & COLLEGE COUNSELING
802-751-2402 | sean.murphy@stjacademy.org

Emma Labounty
ADMINISTRATIVE ASSISTANT
802-751-2400 | emma.carr@stjacademy.org

MAILING ADDRESSES

For General Correspondence:
St. Johnsbury Academy
P.O. Box 906
St. Johnsbury, Vermont 05819

For Parcel Post:
St. Johnsbury Academy
1000 Main Street
St. Johnsbury, Vermont 05819

ST. JOHNSBURY ACADEMY

2025-2026 Enrollment Agreement

REQUIRED FORM

Must be printed and signed.

PLEASE TYPE OR PRINT ALL INFORMATION

Student's Legal Name _____ Grade Entering _____ Gender _____

DOB ____ / ____ / ____

Race: (Select one - optional) ○ Caucasian ○ African American ○ Hispanic ○ Asian

○ American Indian ○ Other _____

Ethnicity: (select one - optional) ○ Non-Hispanic ○ Hispanic

SECTION I.

I agree to the following conditions:

1. St. Johnsbury Academy is an independent school, one which has not accepted designation by any public entity as its public school. Upon signing this contract, the parent/guardian of the student named above acknowledges and accepts responsibility for payment of tuition to St. Johnsbury Academy. As a convenience to parents, some communities elect to forward tuition funds directly to the school. If such direct payment is not provided, or if the public entity's payment of tuition is less than the amount of tuition charged by St. Johnsbury Academy, the parent/guardian guarantees payment of the full tuition or the unpaid portion of tuition, whichever may be the case.
2. Tuition charges will be payable one-half at the opening of each semester.
3. Students attending St. Johnsbury Academy are required to reside with a parent/guardian or under the direct supervision of one of the following programs: Court emancipation, State placement, or a local agency recognized by St. Johnsbury Academy.
4. Students enrolling at St. Johnsbury Academy are required to show successful completion of the current and previous school years.
5. If this agreement is accepted and the student enrolled, he/she will conform to all regulations and the Honor Code of St. Johnsbury Academy.

ST. JOHNSBURY ACADEMY HONOR CODE

We, the students of St. Johnsbury Academy, are part of a learning community dedicated to molding superior character and excellent academics. We have high expectations of ourselves and of our peers, and we depend upon our own honesty and integrity to uphold these expectations.

Therefore,

a) We believe that cheating, plagiarism, and any other action performed with malintent takes away from the fulfillment of our own true potential.

b) We respect our property, as well as the property of others.

c) We share the objective of building a trusting community that provides a safe, secure, and productive learning environment.

2025-2026 Enrollment Agreement (continued)

By signing below, I indicate that I understand the expectations and goals of the St. Johnsbury Academy community, and hereby agree to uphold them in their entirety in order to maintain personal and academic integrity, including all COVID related policy changes and health and safety requirements.

I further certify that the mailing, residence, and billing information is correct.

Invalid information may result in loss of enrollment at St. Johnsbury Academy and/or tuition payment by your town.

SECTION II.

The town that should receive my tuition bill is: _____OR

☐ Please check here if you **DO NOT** expect the town to pay your child's tuition.

_____ _____

Parent/Guardian Signature Date

_____ _____

Student Signature Date

St. Johnsbury Academy is an approved independent school.

S166. APPROVED AND RECOGNIZED INDEPENDENT SCHOOLS

On application, the state board shall approve an independent school which offers elementary or secondary education if it finds, after opportunity for hearing, that the school provides a minimum course of study and that it substantially complies with the board's rules for approved independent schools. The board's rules must at minimum require that the school has the resources required to meet its stated objectives, including financial capacity, faculty who are qualified by training and experience in the areas in which they are assigned, and physical facilities and special services that are in accordance with any state or federal law or regulation. Approval may be granted without state board evaluation in the case of any school accredited by a private, state, or regional agency recognized by the state board for accrediting purposes.

An approved independent school shall provide to the parent or guardian responsible for each of its pupils, prior to accepting any money for that pupil, an accurate statement in writing of its status under this section, and a copy of this section. Failure to comply with this provision may create a permissible inference of false advertising in violation of 13 V.S.A. S2005.

ST. JOHNSBURY ACADEMY

REQUIRED FORM

Household Contact Information

If you have more than one student enrolled at SJA, AND they live in the same household, list them all on this sheet. If your student(s) live in different households, please fill out a separate form for each household.

Check all that apply:

☐ Parents Separated ☐ Parents Divorced ☐ Father Deceased ☐ Mother Deceased

Other _____

List the legal names of ALL students enrolling at SJA for the school year 2025-2026 who reside in your household:

Name: _____ DOB: _____ YOG: _____

Name: _____ DOB: _____ YOG: _____

Name: _____ DOB: _____ YOG: _____

Students Official 911 Address: _____

_____

Primary Household Contact:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (___) _____ Work: (___) _____ Cell: (___) _____

Email Address(es): _____

Relationship to Student: _____

Legal Guardian: ☐ YES ☐ NO

Primary Household Contact:

Name: _____ Authorized to Write Notes?: ☐ YES ☐ NO

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (___) _____ Work: (___) _____ Cell: (___) _____

Email Address(es): _____

Relationship to Student: _____

Lives in Household with Student?: ☐ YES ☐ NO Legal Guardian: ☐ YES ☐ NO

Emergency Contact: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

ST. JOHNSBURY ACADEMY
1000 MAIN STREET
P.O. BOX 906
ST. JOHNSBURY, VERMONT 05819
TELEPHONE: (802) 748-8171
FAX: (802) 748-5463
WWW.STJACADEMY.ORG

Dear **St Johnsbury Academy** Community:

Since 2022, Vermont has successfully implemented Universal School Meals This program enables schools to offer free breakfast and lunch to all students, regardless of household income.

However, even though meals are now free to all students, our schools still need to gather household income data. This data helps Vermont access the maximum possible federal dollars for school meals, which will reduce the burden on Vermont taxpayers.

But it's about more than meals. Household income data is needed to ensure that millions in federal education dollars continue to flow to Vermont to support educational benefits and to make sure that these funds are fairly distributed across our state. Some examples of uses of this funding are:

- Federal funding for schools' reading, math and other educational programs,
- Afterschool and summer program resources,
- Broadband access programs,
- Special education,
- And many more.

This information is also needed for required reporting that accompanies the federal education funding the state receives each year. When you fill out the form, you help us make sure Vermont's information is accurate and complete.

We need your help! Every family in our school community needs to fill out the form to help create a brighter and more equitable future for all of Vermont's students. Even if you didn't fill out these forms in the past, doing so now will help Vermont maintain an affordable Universal School Meals program and continue to receive millions in essential federal education dollars.

Please complete the **SY26 Household Income Form** for your household. This form should only take a few minutes to fill out. Please reach out to Stacie Ruggles [802-748-7708] or Carol Lyon [802-748-7703] if you have any questions. Thank you for taking the time to help St. Johnsbury Academy support access to free meals for our students.

Kind regards,

Carol Lyon
Assistant Headmaster Business Services/CFO

VERMONT
AGENCY OF EDUCATION

Scan this QR code for the electronic version of this form, or go to:
education.vermont.gov/householdincome

REQUIRED FORM

Must be printed and signed or click HERE to complete this form online

2025-2026 Household Income Data Collection	Please return this form to:
Help us provide the best education possible for your children. Filling out this form only takes a few minutes. It will help your community, your school and your property taxes. The information you give helps your school access federal and state education dollars. This funding supports reading, math, science, arts, PE, afterschool and other vital programming. The privacy of your household financial information is protected by law. Information collected through this form will be handled in accordance with privacy requirements. **Only one form needed per household.**	

Section 1: Student Information - List all students in the household, Pre-Kindergarten through grade 12.

First Name	MI	Last Name	Date of Birth	Grade Level	School Name

**If more spaces are required for additional names, please add them to the Section 1 table continued on reverse side of this form.*

Section 2: Assistance Programs - If your household receives assistance from any of the following programs, please check the appropriate box below.

☐ 3SquaresVT *(SNAP)* ☐ Reach Up *(TANF)* *If you selected a Program, please skip to Section 4.*

Section 3: Household Income Information - Please select your household size and then the appropriate income range for that household size.

- ***Household size*** *is the total number of people, including all children and adults, related and un-related, that live with you and share income and expenses.*
- ***Combined annual income*** *is the total amount of income of all household members, including children, from the following sources: Work, public assistance, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.*

Household Size	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
Combined Annual Income Range	☐ $28,952 or less	☐ $39,127 or less	☐ $49,302 or less	☐ $59,477 or less	☐ $69,652 or less	☐ $79,827 or less	☐ $90,002 or less	☐ $100,177 or less
	☐ More than $28,952	☐ More than $39,127	☐ More than $49,302	☐ More than $59,477	☐ More than $69,652	☐ More than $79,827	☐ More than $90,002	☐ More than $100,177

If your household has 9 or more people, please enter your information here: Household Size: Household Income:

Section 4: Contact Information & Signature

'I certify (promise) that all information on this application is true, to the best of my knowledge, and that all income is reported."

Name of adult completing this form: Signature of adult completing this form:

Town of Residence: Email *(optional)*: Phone *(optional)*:

CONTINUED Section 1: Student Information List all students in the household, Pre-Kindergarten through grade 12.					
First Name	**MI**	**Last Name**	**Date of Birth**	**Grade Level**	**School Name**

*If more spaces are required for additional names, please attach them on another sheet of paper.

REQUIRED FORM

Must be printed and signed or click HERE to complete this form online

FOR SCHOOL USE ONLY

Instructions for School/District Staff:

- All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.

Economic Status

Instructions: After reviewing the reverse side of this form, Select the appropriate option below for this submission.

- ☐ Household is AT or BELOW the 185% cutoff.
- ☐ Household is ABOVE the 185% cutoff.

Other Programs

- ☐ Section 2 'Assistance Programs' selected

SCHOOL/DISTRICT STAFF

'I have reviewed the household income form on the reverse of this page and have concluded that it is properly and completely filled out to the best of my knowledge.'

Signature:	
Printed Name:	
Date:	

ST. JOHNSBURY ACADEMY

Request for Public Tuition Dollars

REQUIRED FORM

Must be printed and signed.

NEK REGION 2025-2026

IF YOU ARE FROM ONE OF THE TOWNS LISTED BELOW IN THE TABLE AND HAVE NOT ALREADY SUBMITTED THIS TUITION VOUCHER TO YOUR SCHOOL DISTRICT, PLEASE COMPLETE THIS FORM.

Caledonia Central **www.ccsuonline.org/**	**Kingdom East** **www.kingdomeast.org/**	***NEK Choice*** **www.ensuvt.org/NEK/**	**St. Johnsbury** **www.stjsd.org/**
PO Box 216 10 Route 2 West Danville, VT 05828 Phone: 802-684-3801 Fax: 802-684-1190	P.O. Box 129 64 Campus Lane Lyndon Center, VT 05850 Phone: 802-626-6100 Fax: 802-626-3423	P.O. Box 100 318 Christian Hill Canaan, VT 05903 Phone: 802-266-3330 Fax: 802-266-7085	1216 Railroad Street Suite C St. Johnsbury, VT 05819 Phone: 802-745-2789 Fax: 802-748-2542
Barnet, Walden, Waterford, Peacham (7-12)	Burke, Concord, Lunenburg, Lyndon, Newark, Sheffield, Sutton, Wheelock	Bloomfield, Brunswick, East Haven, Granby, Guildhall, Kirby, Lemington, Norton, Maidstone, Victory	St. Johnsbury

THIS FORM MUST BE COMPLETED EACH YEAR FOR EACH STUDENT

Title 13: Crimes and Criminal Procedure

§ 3016. False claim

(a) A person shall not, in any matter within the jurisdiction of a supervisory union school district or of any commission, board, department or agency of the state or a county or municipality, with intent to defraud, falsify, conceal or cover up by any trick, scheme or device a material fact, or with intent to defraud make any false, fictitious or fraudulent claim or representation as to a material fact, or with intent to defraud make or use any writing or document knowing the same to contain any false, fictitious or fraudulent claim or entry as to a material fact.

(b) A person who violates this section shall, if the prohibited act results in no loss to a governmental entity or benefit to the person or results in a loss to a governmental entity or benefit to the person of less than $500.00 in value, be imprisoned not more than two years or fined not more than $5,000.00, or both. A person who violates this section shall, if the prohibited act results in a loss to any governmental entity or a benefit to the person of $500.00 or more in value, whether by a single act or by a common scheme or course of conduct involving one or more transactions, be imprisoned not more than five years, or fined not more than $10,000.00, or both.

(c) A person who commits an act punishable under subsection (a) or (b) of section 2581 of Title 33 may not be prosecuted under this section. (Added 1987, No. 48, § 6.)

Request for Public Tuition Dollars - **NEK Region 2025-2026**

Title 16 V.S.A. § 1075(a)(3) For the purposes of this title, "resident" of the State and of a school district means a natural person who is domiciled in the school district and who, if temporarily absent, demonstrates an intent to maintain a principal dwelling place in the school district indefinitely and to return there, coupled with an act or acts consistent with that intent. The term "temporarily absent" includes those special cases listed in 17 V.S.A. § 2122(a). The term "residence" is synonymous with the term "domicile." A married person may have a domicile independent of the domicile of his or her spouse. If a person removes to another town with the intention of remaining there indefinitely, that person shall be considered to have lost residence in the town in which the person originally resided even though the person intended to return at some future time. A person may have only one residence at a given time.

*No tuition will be paid to any school until this voucher and legal residency documentation are on file with the **sending district**. The School District is not responsible for tuition/fees incurred if this form and all correct supporting documents are not on file with your District Office. **This form and all supporting documents are to be submitted to the district by August 2, 2025 of prior to enrollment.***

Town of Legal Residence _____ Student's Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade (Fall 2025): _____

Last School Attended (June 2025)_____Current School Attending (Fall 2025) _____

Ethnicity	Race (Check all that apply)	Language Spoken at Home
◯ Hispanic/Latino ◯ Non-Hispanic ◯ Other: _____	◯ American Indian or Alaska Native ◯ Asian ◯ Black or African American ◯ Native Hawaiian or Other Pacific Islander ◯ White ◯ Other: _____	◯ English ◯ French ◯ Spanish ◯ Mandarin ◯ Bisaya ◯ Ukrainian ◯ Other: _____

Parent/Guardian (P1): _____ Town _____ Relationship to student: _____
(Parent or Guardian's full name) *(Town of residence)*

Physical 911 Address P1: _____

Mailing Address P1: _____

Parent/Guardian (P2): _____ Town _____ Relationship to Student: _____
(Parent or Guardian's full name) *(Town of residence)*

Physical 911 Address P2: _____

Mailing Address P2: _____

Student resides with: _____

Email Address: _____Phone_____

Check preferred method of communication: ☐ Mailing Address ☐ E-Mail Address ☐ Phone

How long have you lived at this 911 address? _____

*You **MUST** complete the back side of this form.*

Request for Public Tuition Dollars - **NEK Region 2025-2026**

DECLARATION OF RESIDENCY

Students Name: _____; I affirm that my child and I reside at

_____, _____, Vermont since_____.
911 Address Town Date

Check which applies. If residency documentation can not be confirmed, you may be required to resubmit.

◯ My student is newly enrolled; or we are new to this particular town of residence. **(Documentation Required)**

◯ My student is a 9th grader. **(Documentation Required)**

◯ I have previously submitted residency documentation upon current enrollment at this school.

EXAMPLES OF PROOF OF RESIDENCY DOCUMENTS

Supply ONE of the following documents that shows your residential address (No PO boxes)

- ☐ Current property tax bill
- ☐ Current mortgage papers/closing statement with name of parent, legal guardian, or custodian
- ☐ Formal lease showing the name, address and phone number of the landlord and name of lessee
- ☐ A notarized letter from the landlord stating the address of the residence being leased/occupied and the name(s) of the lessee(s)/occupants, along with the landlord's contact information including address and telephone number

AND, Supply TWO of the following documents that shows your residential address (No PO boxes)

- ☐ Valid Vermont Driver's License
- ☐ Valid Vermont Identification card
- ☐ Valid voter registration card
- ☐ Valid Vermont vehicle registration card
- ☐ Valid automobile insurance card
- ☐ Valid homeowner's or renter's insurance policy
- ☐ Current Bank Statement
- ☐ A current or most recent pre-printed pay stub with the employer's name and address and the employees name and address consistent with the employees' W4 for federal and state income tax purposes.
- ☐ Current utility bill (gas, electric, landline phones, wired cable, or heating oil propane delivery bill) that contains the customer's name **(wireless phone bills CANNOT be accepted: cable and telephone bills cannot be from the same source)**

AND, supply the following for children under care of Separated/Divorced parents or legal guardians:

- ☐ Court Order/Language to show Parental/Guardian Rights and Responsibilities

If homeless, please contact the school's superintendent for assistance and identify child's prior school

If at any time residency is questioned by the district and for any reason, additional information will be requested.

I certify that the statements on both sides of this form are true, that I am a resident of the Town indicated and that I understand the statutes regarding false claims detailed below. In signing this form, I agree to allow the choice school that my son/daughter will attend to release any transcripts and standardized/AP test scores of my child, on a yearly basis, to the resident district for data analysis. Student privacy will be maintained with all data at all times.

In making the 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 the Vermont State Statutes by making a false claim can be imprisoned for not more than 5 years or fined not more than $10,000 or both.

_____ _____ _____
Parent/Guardian Signature Parent/Guardian Printed Date

_____ _____
_ School District Authorization Signature Date

ST. JOHNSBURY ACADEMY

Technology Agreement

REQUIRED FORM

Must be completed online.

THIS DOCUMENT IS ONLY REQUIRED TO BE COMPLETED ONE TIME. If you are a returning student who has previously completed this form and made the payment, you do not need to complete this form again.

Please click on the link or scan the QR Code below access to our Technology Agreement Online Form.

https://stjacademy.org/technology-agreement/

ST. JOHNSBURY ACADEMY

OPTIONAL FORM

Military Recruiters

NOTICE TO PARENTS/GUARDIANS OF JUNIORS AND SENIORS: RECRUITERS

Recent federal legislation entitles military recruiters to receive the names, addresses, and telephone listings of juniors and seniors in high school.

Parents/Guardians may request that their student's information not be included in the listing provided to recruiters. If you do not wish to have your student's information provided to recruiters, please indicate that by signing this form and returning it when you register.

I do not wish to have my student's information provided to military recruiters. _____ (Student's name)

_____ _____

Parent/Guardian Signature Date

ST. JOHNSBURY ACADEMY

OPTIONAL FORM

Use of Photography

NOTICE TO PARENTS/GUARDIANS: PHOTOGRAPHS

St. Johnsbury Academy uses photographs of students in their marketing materials. If you **DO NOT** wish to have your student's photograph used, please indicate that by signing this form and returning it when you register.

I **DO NOT** wish to have my student's photograph used. _____ (Student's name)

_____ _____

Parent/Guardian Signature Date