EDU-NET Registration Form

Parents: Use this form to apply for a reduced Internet access rate from Burlington Telecom.

Date of Birth

Student(s) First

Name

Check all that apply:					
Currently receiv	ving Three Squares V	ermont or Rea	ach-Up		
Foster Child (cir	rcle name(s) above)				
Parent/Guardian Signature			ited Name		
Service Address		Pho	one#	 Date	
Authorized Schoo	l Employee Inform	nation			
Signature		Prin	Printed Name		
Address		Pho	one#	Date	

200 Church St. Burlington, VT Burlingtontelecom.com I (802) 540-0007

Burlington Telecom

Student(s) Last

Name

Return this completed form to the Burlington Telecom Office Drop off: 200 Church Street

School

Grade

Email: customerservice@burlingtontelecom.com

Fax: (802) 652-4220

EDU-NET Participants must reapply every September to remain enrolled in the program. Valid to Burlington Telecom servicable areas only.