

<b>School:</b>			<b>Student:</b>		
<b>Gender:</b>	<b>Grade:</b>	<b>HMRM:</b>	<b>Date Registered:</b>	<b>Registration Accepted By:</b>	



## Student Registration Card

<b>For School Use Only:</b>		<b>Legal Guardianship/Caregiver verified:</b>	
ID #:		In student database:	
Birth Certificate:		Records requested:	
Immunization:		Grades received:	

STUDENT INFORMATION			
Grade:		Has this student ever been registered in a Delaware Public or Charter School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name:		Birth Date:	
Last Name:		Home Phone:	
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		

RACE and ETHNICITY DESIGNATION	
<b>Is this student Hispanic or Latino? (Select one answer.)</b> Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Indicate this student's race below. You must select at least one race, regardless of ethnicity designation. More than one response may be selected.</b>	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander	

ADDRESS: Please indicate Physical (home) and Mailing address if they are different.			
<b>Physical Address</b>		<b>Mailing Address</b> Same as Physical? <input type="checkbox"/> Yes <input type="checkbox"/>	
Apt #:		Apt #:	
Address:		Address:	
Development:		Development:	
City, State, Zip:		City, State, Zip:	

PARENT/GUARDIAN CONTACT INFORMATION			
First Name:		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	
Middle Name:		<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Other (please list):	
Last Name:			
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		
Apt #:		Living With:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:		Cell Phone:	
Development:		Home Phone:	
City:		Work Phone:	
State/Zip:		Birth Date:	
		Employer:	

Please provide one email address; separating each character in the boxes provided:			

First Name:		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	
Middle Name:		<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Other (please list):	
Last Name:			
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		
Apt #:		Living With:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:		Cell Phone:	
Development:		Home Phone:	
City:		Work Phone:	
State/Zip:		Birth Date:	
		Employer:	

Please provide one email address; separating each character in the boxes provided:			

EMERGENCY CONTACT INFORMATION: Must be 18 years of age or older.			
<b>Important</b> In the event of an emergency, individuals listed here will be contacted if parent/guardian cannot be reached.	First Name:		First Name:
	Last Name:		Last Name:
	Relationship:		Relationship:
	Address:		Address:
	City, State, Zip:		City, State, Zip:
	Cell Phone:		Cell Phone:
	Home Phone:		Home Phone:
Work Phone:		Work Phone:	

**Student:** \_\_\_\_\_

**Student Health History Update:** This information will be shared with staff and administration on a need to know basis, and with emergency medical staff in the case of an emergency, unless you notify us otherwise.

1. Please check if child has had difficulty with any of the following. Please provide dates and additional information in the comments section.

- ADD/ADHD    Behavior    Bone Problem    Diabetes    Heart    Physical Disability    Surgery  
 Allergies    Bleeding    Bowel/Bladder    Emotional    Infections    Seizures    Vision  
 Asthma    Body Piercing/Tattoo    Chicken Pox    Hearing    Kidney    Speech    Other: \_\_\_\_\_

Comments: \_\_\_\_\_

2. Does your child have allergies to medicine, latex or insect bites?  Yes    No

To What?: \_\_\_\_\_ What Happens?: \_\_\_\_\_

Treatment: \_\_\_\_\_

3. Does your child have a food allergy?  Yes    No

To What?: \_\_\_\_\_ What Happens?: \_\_\_\_\_

Treatment: \_\_\_\_\_

**A Food Allergy Action Plan completed by a licensed healthcare provider is required for all students with a food allergy.  
Please provide an Emergency Action Plan and ALL emergency medications to the nurse.**

4. Will your child require an individualized, allergen-free menu designed by Nutrition Services?

**Note:** Meals provided from home provide the safest food options at school for food-allergic students.

- No.** I will take full responsibility of providing my child with allergen-free school meals.  
 **Yes.** I will provide the school nurse with a Food Allergy Action Plan completed by a licensed healthcare provider.

5. Has your child seen a healthcare provider since school ended in June?  Yes    No

What for? \_\_\_\_\_

6. Is your child being treated or evaluated for any health conditions?  Yes    No

List condition(s): \_\_\_\_\_

7. Is your child on any medication or treatment?  Yes    No

Name of medication or treatment: \_\_\_\_\_

Does your child need medication during school hours? **If yes, please contact the school nurse to make arrangements.**  Yes    No

8. Has your child been prescribed glasses or contact lenses?  Yes    No

Date of last exam: \_\_\_\_\_ If your child wears glasses or contact lenses, when was the prescription last changed? \_\_\_\_\_

9. Has your child had any emotional upsets (recent move, death, separation, divorce) since school ended in June?  Yes    No

Please list: \_\_\_\_\_

Medical Information			
Family Physician:		Phone	
Family Dentist:		Phone	
Medical Insurance:		Type	
Certificate No:		Group No	Medicaid No:

I give permission for my child to have the following over the counter medications as determined by the nurse (check all that apply):

- Acetaminophen (Tylenol®)    Ibuprofen (Advil®)    Anbesol®    Tums®  
 Caladryl®    Bacitracin/Antibiotic ointment    Hydrocortisone    Cough Drops

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Emergency Procedures:** Your schools have adopted the following procedures that will normally be followed in caring for your child when your child requires emergency assistance at school for either a medical or behavioral health concern. In extreme emergencies the school will seek immediate medical care.

In case of emergency and/or need of medical or hospital care:

- The school will call the home. If there is no answer,
- The school will call the parent/guardian 1's, or parent/guardian 2's place of employment. If there is no answer,
- The school will call the other telephone number(s) listed and the physician.
- If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility.
- Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
- The school will continue to call the parents, guardians or physician until one is reached.
- The information on this form may be shared with emergency medical staff.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Student:</b>	
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<b>SPECIAL CUSTODY INFORMATION: If child lives with other than natural mother or father, please indicate:</b>		<b>ADDITIONAL INFORMATION</b>	
Name:		Has the student been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship:		Has student been involved in Gifted Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do custodial papers exist for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Does your child have (documentation required):</b>	
If yes, please provide a copy of the papers to keep on file.		An IEP (Individualized Education Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		504 Accommodation Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>EDUCATIONAL BACKGROUND: Please list your child's most recent school experience (including preschool if applicable).</b>	
Name of person or program:	
Address:	
City, State, Zip:	
<input type="checkbox"/> Home/Babysitter <input type="checkbox"/> Home Daycare <input type="checkbox"/> Early Childhood	
Did your child receive any of the following services at the previous school? <input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> ESL <input type="checkbox"/> Other:	

<b>SCHOOL AGE SIBLING INFORMATION</b>							
Name:				Name:			
Age:	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age:	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School:				School:			
Name:				Name:			
Age:	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age:	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School:				School:			

<b>DAYCARE ARRANGEMENTS</b>	
Name:	
Address:	
City, State, Zip:	
Phone:	

<b>TRANSPORTATION INFORMATION:</b>			
<b>Please place a checkmark in the boxes that apply to your child.</b>		If bus stop is different from home address, please list the address in this column.	
<b>To School</b>	My child will be riding the bus to school from <b>home</b>	<input type="checkbox"/>	
	My child will be riding the bus to school from <b>daycare</b>	<input type="checkbox"/>	
	My child will walk to school each day	<input type="checkbox"/>	
	My child will be driven to school each day	<input type="checkbox"/>	
<b>From School</b>	My child will be riding the bus from school to <b>home</b>	<input type="checkbox"/>	
	My child will be riding the bus to a <b>daycare</b> after school	<input type="checkbox"/>	
	My child will walk home after school each day	<input type="checkbox"/>	
	My child will be picked up from school each day	<input type="checkbox"/>	

<b>FOOD INSECURITY: Colonial has programs to support families who have limited access to food. Please answer the following questions regarding your access to food for your family.</b>						
Within the past 12 months, we worried whether our food would run out before we got money to buy more.	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never
Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never

I certify that I am a current resident of the State of Delaware and that all the statements on this application made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand and acknowledge that any misstatements or omission of material facts in the application form may result in the rejection of the application form, disqualification from the lottery process if applicable, withdrawal or invitation offer, and/or termination of school choice by the receiving local education agency to which I applied.

Parent/Guardian/Relative Caregiver Signature	Date
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<b>Information Regarding How the Colonial School District Shares Student Information</b>
The Colonial School District recognizes the need to protect student information and privacy while promoting educational and extra-curricular activities in district and outside media. Federal law (FERPA) permits the district to release directory information under limited circumstances. Directory information is information about a student that is generally not considered an invasion of privacy, such as name, address, photograph, activities, and sports. If you wish to opt-out of the district releasing this information or including your child in articles and photos, please obtain an opt-out form from your child's school office.



## DEPARTMENT OF EDUCATION

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Secretary of Education  
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### Delaware Department of Education Home Language Survey

Date: \_\_\_\_\_ School: \_\_\_\_\_

*The Delaware Department of Education requires schools to determine the language(s) spoken at home by each student. The information provided will only be used to determine whether your student is eligible to begin the English as a Second Language process and will not be used for immigration matters or reported to immigration authorities.*

Student Information			
First Name:	_____	Country of birth:	_____
Last Name:	_____	Date of entry in the US:	_____
Birthdate:	_____	Date student first enrolled in a US school:	_____

Circle grades your child attended in US schools

PK K 1 2 3 4 5 6 7 8 9 10 11 12

How many total months has the student been enrolled in a US school? \_\_\_\_\_

1. What language did your child first learn?

Language: \_\_\_\_\_ | Dialect: \_\_\_\_\_

2. What language does your child most often use at home?

Language: \_\_\_\_\_ | Dialect: \_\_\_\_\_

3. What languages do you most often speak to your child?

Language: \_\_\_\_\_ | Dialect: \_\_\_\_\_

4. What language(s) other than English are spoken in your home?

Language: \_\_\_\_\_ | Dialect: \_\_\_\_\_

5. What language would you prefer to receive information from your school?

Language: \_\_\_\_\_ | Dialect: \_\_\_\_\_

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*LEA: Please have all families complete this home language survey at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian and kept in the student's file. (If a language other than English or Non-US English is listed on questions 1-3, the LEA must continue with a records review, step 2 of the English learner identification process.)*