Colonial SCHOOL DISTRICT

Student Enrollment Requirements

To enroll your child for any school in the Colonial School District, it will be necessary for you to present the following information:

STUDENT'S OFFICIAL BIRTH CERTIFICATE

- Official State Document - Hospital Birth Record not accepted
  - Kindergarten: Child must be 5 years old before or on August 31st of the applying school year

PARENT'S/LEGAL GUARDIAN'S PHOTO IDENTIFICATION

- A valid Driver's License or State ID card, issued by the Department of Motor Vehicles

CUSTODY / GUARDIANSHIP / RELATIVE CAREGIVER'S AFFIDAVIT (If Applicable)

- Original Copies of Family Court Documents
- Original Copy of Social Services Placement Letter
- Completed State of Delaware Relative Caregiver's Affidavit - Contact: Ahtiya Waters at (302) 323-2702

PROOF OF RESIDENCE

- Current (Within the Last 60 days) Electric, Water, or Sewage Bill
  - Listing the parent/guardian's full name & address
  - All pages of the provided bill are required
- Executed, Signed Lease Agreement
- Settlement Agreement
- Notarized Colonial School District "Residence Verification" Form

COPY OF MOST RECENT REPORT CARD

- Before applying school year begins (mid-June to late-August) - applying grades 1st through 12th
- Once the school year begins (late August to early June) - All applying grades

MEDICAL RECORDS

Physical Health Examination

- Examination must be current (completed within two years of entry)
- Conducted by a currently licensed medical professional

Required Screenings:

- State of Delaware requires tuberculosis (TB) screening for all students entering public school
- Children who enter school at kindergarten or at age 5 or prior, are required to prove lead screening

Required Immunizations:

- 5 or more doses of DTaP or DTP Td vaccine (unless 4th dose was given after the 4th birthday)
- 4 doses of IPV or OPV (unless 3rd dose was given after the 4th birthday)
- 3 doses of Hepatitis B vaccine
- 2 doses of Measles, Mumps and Rubella vaccine
- 2 doses of Varicella or a written disease history by a licensed healthcare provider
- Entering 9th Graders must additionally have 1 dose Tdap (adult booster) and 1 dose meningococcal

School:			Student:	
Gender:	Grade:	HMRM:	Date Registered:	Registration Accepted By:

Colonial School District

Student Registration Card

For School Use Only:		Legal Guardianship/Caregiver	
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? ☐ Yes ☐ No			
First Name:			Gender:	☐ Male ☐ Female	
Middle Name:			Birth Date:		
Last Name:			Home Phone:		Unlisted?: ☐ Yes ☐
Generation:	☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ V				

RACE and ETHNICITY DESIGNATION

Is this student Hispanic or Latino? (Select one answer.) Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino ☐ Yes ☐ No

Indicate this student's race below. You must select at least one race, regardless of ethnicity designation. More than one response may be selected.

☐ American Indian or Alaskan Native ☐ Black or African American ☐ White ☐ Asian ☐ Native Hawaiian or Pacific Islander

ADDRESS: Please indicate Physical (home) and Mailing address if they are different.

Physical Address		Mailing Address Same as Physical? ☐ Yes ☐ No	
Apt #:		Apt #:	
Address:		Address:	
Development:		Development:	
City, State, Zip:		City, State, Zip:	

PARENT/GUARDIAN CONTACT INFORMATION

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

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

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

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

EMERGENCY CONTACT INFORMATION: Must be 18 years of age or older.

Important

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 on a need to know basis with staff, administration and 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	☐ Bleeding/Blood Disorder	☐ Concussion	☐ Heart	☐ Seizures
☐ Allergies	☐ Body Piercing/Tattoo	☐ Diabetes	☐ Infections	☐ Speech
☐ Asthma	☐ Bone/Spine	☐ Emotional	☐ Kidney	☐ Surgery
☐ Behavior	☐ Bowel/Bladder	☐ Hearing	☐ Physical Disability	☐ Vision

☐ Other: _____

Comments: _____

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

To What? _____ What Happens? _____

Treatment _____

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

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 School Nurse.

( ) Yes ( ) No **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 for providing my child with allergen-free school meals.

☐ **Yes.** I will provide the School Nurse with a Food Allergy Plan completed by a licensed healthcare provider.

( ) Yes ( ) No **5. Has your child had any illnesses since school last ended?**

Type of illness, with date(s): _____

( ) Yes ( ) No **6. Has your child had surgery since school last ended?**

Type of surgery, with date(s): _____

( ) Yes ( ) No **7. Has your child received any immunizations since school last ended?**

List of immunization(s), with date(s): _____

( ) Yes ( ) No **8. Is your child being treated or evaluated for any health conditions?**

List condition(s): _____

( ) Yes ( ) No **9. Is your child on any medication or treatment?**

Name of medication and/or treatment: _____

( ) Yes ( ) No Does your child need medicine during school hours? ***If yes, please contact the School Nurse to make arrangements.***

( ) Yes ( ) No **10. Has your child ever been examined by an eye doctor?**

Date of last exam: _____ Glasses Prescribed: **( ) Yes ( ) No**

If your child wears glasses or contact lenses, when was the prescription last changed? _____

( ) Yes ( ) No **11. What is the name of your child's dentist?** _____

What is the date of his/her last dental exam? _____

12. What is the name of your child's primary healthcare provider? _____

What is the date of his/her last physical exam? _____

( ) Yes ( ) No **13. Has your child experienced any major life events, such as a recent move, death, separation, divorce, etc. since the end of last school year? *If yes, please contact your School Nurse or School Counselor.**

( ) Yes ( ) No **14. Have you, your child or anyone in your household tested positive for COVID-19? *If yes, please contact the School Nurse.***

Parent/Guardian Signature: _____ **Date:** _____

Student:	

Permission for Over the Counter Medication Administration

I give permission for my child to have the following; as determined by the nurse:

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

Parent/Guardian Signature: _____ **Date:** _____

DELAWARE EMERGENCY/NURSING TREATMENT CARD

Medical Information

Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Indicate student's serious medical diagnoses: _____

Student is allergic to: Medicine: _____ Food: _____ Other: _____

Medical Insurance: Medicaid No.: _____

Other: Certificate No.: _____ Group No.: _____ Type: _____

The purpose of this form is to provide the school with information to be used for the care of a student who becomes sick or injured at school. This information may be shared only on a "need to know" basis with school personnel and emergency medical staff.

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:

1. The school will call the home. If there is no answer,
2. The school will call the parent/guardian 1's, or parent/guardian 2's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians or physician until one is reached.
7. 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:** _____

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.

Within the past 12 months, we worried whether our food would run out before we got money to buy more.		Often		Sometimes		Never
Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.		Often		Sometimes		Never

Student:	

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

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

SCHOOL AGE SIBILING INFORMATION											
Name:						Name:					
Age:		Grade:		Gender: ☐ Male ☐ Female		Age:		Grade:		Gender: ☐ Male ☐ Female	
School:						School:					
Name:						Name:					
Age:		Grade:		Gender: ☐ Male ☐ Female		Age:		Grade:		Gender: ☐ Male ☐ Female	
School:						School:					

DAYCARE ARRANGEMENTS	
Name:	
Address:	
City, State, Zip:	
Phone:	

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

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**

Information Regarding How the Colonial School District Shares Student Information

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.

Delaware McKinney-Vento Student Residency Questionnaire

This **Student Residency Questionnaire** is intended to address the McKinney-Vento Act. Your answers will help the school personnel determine residency documents necessary for enrollment of this student. Information provided on this form is confidential.

Name of Student: _____ D.O.B.: _____ Grade: _____ ☐ Male ☐ Female

Name of Current School: _____ Name of Last School: _____

Is your current address a **temporary** living arrangement? Yes ☐ No ☐

*If you answered **'YES',** please complete all questions on this form.*

*If you answered **'No'**, you may stop here. You do not need to complete this form.*

1. **Do you live in any of these following situations?**
   - ☐ Sharing the housing of other persons due to: (check one)
     - ☐ Loss of housing, economic hardship or a similar reason (example: evicted, lost job, etc.)
     - Explain: _____
     - ☐ Long-term, cooperative living arrangement to save money or a similar reason
     - ☐ Other (please specify): _____
   - ☐ In a motel, hotel, campground or similar setting due to: (check one)
     - ☐Lack of alternative adequate accommodations,
       - Explain: _____
     - ☐A convenient living arrangement or waiting for apartment or house to be ready
     - ☐Other (please specify): _____
   - ☐ In an emergency or transitional shelter such as a domestic violence shelter or a homeless shelter or transitional housing or other shelter
   - ☐ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans
   - ☐ In a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting
   - ☐ None of the above
2. **How long do you anticipate living at this location?** _____
3. **The student lives with:**
   - ☐ Parent(s) or legal guardians(s)
   - ☐ Relative(s), friend(s), or other adults(s) who are not the parent or the legal guardian
   - ☐ Alone with no adults
4. **Please list the name and ages of any children living with you that you have guardianship of:**
   - A. _____ C. _____
   - B. _____ D. _____

I am the parent/legal guardian of _____, who is of school age and who is seeking enrollment in the school district.

I understand that presenting a false record of falsifying records is an offense under Federal and state laws and enrollment of the child under false documents subjects the person to liability for tuition and other costs.

Printed Name: _____

Signature: _____ Date: _____ Email: _____

Address: _____

Phone Number with Area Code: _____ Emergency contact Phone Number with Area Code: _____

(Rev 8/2017)

COLONIAL SCHOOL DISTRICT
RESIDENCE VERIFICATION FORM

I, _____ and _____ verify
Homeowner/Lessee Parent/Guardian/Caregiver

that _____ and _____
Parent/Guardian/Caregiver Child (first and last name)

_____
Child (first and last name)

_____
Child (first and last name)

have resided with me at the following address since: _____
Date

_____
House Street Apt

_____
City/State Zip Code Telephone Number

and will remain at this address until _____
Date

We also agree to notify child/ren's school immediately if his/her/their residence should change.

Both the Homeowner/Lessee and the Parent/Guardian/Caregiver Signatures must be verified in the presence of a Notary Public.

_____ _____ _____ _____
Homeowner/Lessee Signature *Date* *Parent/Guardian/Caregiver Signature* *Date*

_____ _____
Notary Public Signature *Date*

_____
Commission Expiration Date

****MUST ATTACH A COPY OF HOMEOWNER/LESSEE'S RECENT ELECTRIC, GAS, WATER, OR SEWER BILL OR SIGNED LEASE AGREEMENT/SIGNED SETTLEMENT STATEMENT****

THIS PROOF OF RESIDENCE IS SUBJECT TO UNSCHEDULED VERIFICATION CHECKS WHICH INCLUDES HOME VISITS

Delaware Department of Education

English/Spanish

DELAWARE DEPARTMENT OF EDUCATION
TITLE I, PART C
Agricultural Work Survey

Dear Parent/ Guardian, Date: _____

In order to serve your child, _____, the _____ District/Charter School is
(Insert District/Charter School Name)
helping the State of Delaware identify students who may qualify to receive additional education and support services.

The information provided below will be kept confidential with in the Department of Education and will be used for planning purposes only. Please answer the following questions and return this form to your child's school.

1. In the past 3 years, has your family changed from: a) one school district to another; b) one state to another state; c) another country to the U.S.?

_____ YES _____ NO

If "NO," do not complete the remainder of this survey. If "YES," please continue.

2. Was the reason for this change **to look for or to accept** a job in an agricultural or fishing activity such as those listed below? Answer this question even if you have a different type of job now.

_____ YES _____ NO

If "YES," please circle all that apply if you or your husband/wife, or someone in your household has worked with, on, or in a:

Farm	Chicken processing plant	Dried or dehydrated fruits/spices	Plant nursery/greenhouse
Dairy	Processing meat/fish	Sod farms	Tree growing or harvesting
Ranch	Cranberry bogs	Meat or food packing plant	Food processing
Cannery	Fresh/frozen juices	Mushrooms	Pet food processing
Chicken house	Fishery	Planting, picking, or packing fruits, vegetables, seeds, or nuts	Cleaning, weeding or preparing land for planting

Please add any other agricultural or fishing work/activity that you or your husband/wife or someone in your household has performed:

_____

Please list all children **ages 3-21 years old** in the home, including those not enrolled in school:

First / Last name	Date of Birth	Age	Grade	School

Parent/Guardian: _____

Address: _____ Apt. No. _____ City: _____ Zip: _____

Phone: _____ Best time to be reached _____ AM / PM Alternate or cell phone number: _____

DISTRICTS: The ORIGINAL document must be submitted to the Delaware Department of Education **Migrant Education Program Office** within 10 days of the student's enrollment by **State Mail Code N510** or by U.S. Postal Service to **35 Commerce Way, Suite 1, Dover, DE 19904.** A COPY of this form must be retained in the student's file to document compliance with the Title I, Part C federal program requirements.

Revised August 1, 2018

Delaware Department of Education

DEPARTMENT OF EDUCATION

Townsend Building
401 Federal Street Suite 2
Dover, Delaware 19901-3639
DOE WEBSITE: http://www.doe.k12.de.us

Susan S. Bunting, Ed.D.
Secretary of Education
Voice: (302) 735-4000
FAX: (302) 739-4654

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.)

Rev. 12.8.17

2020 – 2021 Military-Connected Youth Student Information Update Form

All Delaware public schools starting with the 2016 – 2017 school year are required to annually identify enrolled students who are "military-connected youth" pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq. in order to possibly provide your student with additional supports and services if needed.

Please read the following statements and check the appropriate box below.

- If you are a parent or a step-parent, only check the box that specifically applies to you, your duty status and branch of the United States armed forces.
- If you are a parent or a step-parent meeting the definition of box one or two, and there is an immediate family member residing in the same household that meets the definition of box three, then both boxes should be checked.
- If your student is not a "military-connected youth", please check the fourth box, "Non-Applicable".

PARENTS OR STEP-PARENTS

☐ "**Active Duty"** - I am a parent or step-parent who is an **"active duty"** member of the Armed Forces (United States Army, United States Navy, United States Air Force, United States Marine Corps, or United States Coast Guard) pursuant to 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq.

☐ "**Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action"** - A parent or step-parent ***residing in the same household***, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action, or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

IMMEDIATE FAMILY MEMBER OR ANY OTHER PERSON RESIDING IN SAME HOUSEHOLD

☐ "**Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action"** - An immediate family member, including a sibling or any other person ***residing in the same household***, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

☐ **NON-APPLICABLE**

Student Name: «Studentfirstname» «Studentlastname» «Studentsuffixname» **Grade:** «Grade»
School Name: «School»
Homeroom Teacher Name: