

DAN SHELTON, ED.D
Superintendent**REGISTRATION PROCEDURES*****Child must be five on or before August 31 for entry into Kindergarten***

To register your child for any school in the Christina School District, it will be necessary for you to present the following information at your child's feeder school:

REQUIRED DOCUMENTS:

- ❖ **Birth Certificate** (Official State Document with raised seal; not Hospital Birth Record)
 - State Certificate of Live Birth
 - Original preferred; good copy accepted
 - Valid Passport in lieu of birth certificate
 - Missing Birth Certificate –State of DE Vital Statistics 302-283-7130-University Plaza-Chopin Bldg.-or online - www.vitalchek.com
- ❖ **Current Immunization Records Including Tuberculosis Screening** – Refer to District website, www.christinak12.org, for detailed information. Immunization Hotline for State of Delaware: 1-800-282-8672
- ❖ **Record of Physical Examination** (completed with the last 24 months) — Refer to District website, www.christinak12.org, for detailed information
- ❖ **Custody or Guardianship** (if applicable)
 - Official Court documents are required
 - Social Service Placement Letter (original)
- ❖ **Proof of Residence (Must have parent/guardian name and address on the document)**
 - Current Electric Bill (full page; service location must match mailing address)
 - Current, Valid, Signed and Dated Lease
 - Signed and Dated Closing Disclosure
 - Current rent receipt with property address and renter name
 - Current utility bill (full page; water, cable, phone, garbage, propane, oil)
 - Current property tax or sewer bill
 - Notarized Christina School District "Residence Verification" will be necessary if the proof of residence is not in the name of the parent/guardian, along with one of the above proof of residence items.
- ❖ **Picture ID of Parent/Guardian**
- ❖ **School Records – preferred**
 - Most recent Report Card from previous school (grades K – 8)
 - Most recent Transcript (grades 9 – 12)
 - IEP (Individualized Education Plan) or 504 Plan, if applicable

For additional registration information, you may contact your child's assigned school or the Education Options Office. For your convenience, you may access the Christina School District feeder search at www.christinak12.org. Click on "Schools and Programs" and follow the link to "Find your Assigned School".

Choice applications are available in all Christina School District schools or on the District website: www.christinak12.org or you may contact the Education Options Office at 552-2665.

Student:			School:	School Year
Grade:	HMRM:	Bus #	Student ID#	



**Parent/Guardian
MUST sign all
shaded areas**

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

Student Registration/Emergency Card

Current guidelines for Coronavirus, from Delaware Public Health (DPH), Center for Disease Control (CDC) & World Health Organization (WHO) will be followed for the school year.

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:	Unlisted?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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			
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 <input type="checkbox"/> Yes <input type="checkbox"/> 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.			
<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.			
Physical Address		Mailing Address Same as Physical? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<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	Cell Phone:		
Development	Home Phone:	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	Work Phone:		
State/Zip:	Birth Date:		
	Employer:		

Please provide one email address

First Name:	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father		
Middle	<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	Cell Phone:		
Development	Home Phone:	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	Work Phone:		
State/Zip:	Birth Date:		
	Employer:		

Please provide one email address

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:		ID# :	
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SPECIAL CUSTODY INFORMATION: If child lives with other than natural mother or father, please indicate:		ADDITIONAL INFORMATION	
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		Does your child have (documentation required):	
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

EDUCATIONAL BACKGROUND: Please list your child's most recent school experience (including preschool if applicable).	
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:	

SCHOOL AGE SIBLING INFORMATION							
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:			

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

TRANSPORTATION INFORMATION:		
Please place a checkmark in the boxes that apply to your child.		Comments: If bus stop is different from home address, please list the address in this column and complete a Childcare Transportation Form
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 of invitation offer, and/or termination of school choice by the receiving local education agency to which I applied and the student will be withdrawn from this school. **Making a false written statement could result in a criminal charge (11 Del. C. §1233)**

Parent/Guardian/Relative Caregiver Signature	Date
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Information Regarding How the Christina School District Shares Student Information	
The Christina 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 visit: http://www.christinak12.org/apps/pages/index.jsp?uREC_ID=279922&type=d .	

Signature of District Employee accepting Registration	Location	Date
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Student:		ID# :
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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. Has your child been out of the country for more than one month in the past year? Yes No
 If so, where? _____

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

- | | | | | |
|------------------------------------|---|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Bleeding | <input type="checkbox"/> Concussion | <input type="checkbox"/> Heart | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Body Piercing/Tattoo | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infections | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bone Problem | <input type="checkbox"/> Emotional | <input type="checkbox"/> Kidney | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Hearing | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Vision |

Other: _____
An Asthma or Seizure Action Plan is required for all students with either Asthma or Seizures

Comments: _____

3. Does your child have allergies to medicine, latex, insect bites or other allergies? Yes No
 To What?: _____ What Happens?: _____ Treatment: _____

4. Does your child have a food allergy diagnosed by a licensed health care provider? 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.

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	

I give permission for my child to have Acetaminophen (Tylenol®) as determined by the nurse. Yes No

I give permission for my child to have Ibuprofen (Advil®) as determined by the nurse. Yes No

I give permission for my child to have First aid cream _____ Caladryl® _____ Tums® _____ Yes No

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 he/she becomes sick or injured at school. In extreme emergencies the school will seek immediate medical care.

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

- | | |
|--|---|
| <ol style="list-style-type: none"> 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. | <ol style="list-style-type: none"> 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:** _____



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.)

**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 within 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.



Delaware
Department of Education

Kindergarten Registration Questions:

Pre-Kindergarten Experience

1. Did your child attend a preschool or child care program in Delaware this past year?

Circle: Yes / No

2. If yes, in which county did your child attend the program?

Circle: New Castle County / Kent County / Sussex County

3. If yes, what was the name of the program?
-

Thank you!



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: _____

Grade: _____

School Name: _____

Homeroom Teacher Name: _____

Please return this form to your student's homeroom teacher on or before Monday, September 21, 2020.