



Drew Educational Support Center
Education Options Department

600 N. Lombard Street
Wilmington, DE 19801
(302) 552-2618

TDD (800) 232-5470
FAX (302) 429-4138

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.

Richard L. Gregg, Superintendent

CHRISTINA SCHOOL DISTRICT
AGE REQUIREMENTS FOR REGISTRATION
2020-2021 SCHOOL YEAR

All students registering within Christina School District for Kindergarten for the 2020-2021 school year must be **the age of five on/before August 31, 2020**. There is no early admission testing for kindergarten in the Christina School District for the 2020-2021 school year.

- If a child attended school in a state/country* that allows students to attend kindergarten at an earlier age and they provide documentation of successful completion of kindergarten, they can be registered for first grade at an earlier age. This documentation must be kept in the students cum folder.
- If a child resides in Delaware and attended private kindergarten, and they provide documentation of successful completion of kindergarten, they can be registered for first grade as long as they have reached the age of 5 by August 31, 2020.
- **Grade Acceleration**-student must be at least 5 on/before August 31, 2020 for a parent/legal guardian to request grade acceleration testing. During the first month of school, the parent/legal guardian may request in writing, that the child be tested for advancement in grade level. Students will be assessed using district wide assessments. In order for the child to qualify for grade acceleration, the child must meet the Christina School District's established criteria (95th Percentile) in all sections of the assessment. A school team comprised of the principal, teachers, from both the sending and receiving grade and specialist will make the final determination. Parents will receive notification concerning the decision within 30 days.

*Students coming from outside the country, report card/transcript must be translated and the student would be placed in the grade as listed on the translated document.

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



Student Registration/Emergency Card

For School/Nurse Use Only:		Legal Guardianship/Caregiver verified:	
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:		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 <input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Other (please list):				
Middle									
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			Living With:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Apt #:				Cell Phone:					
Street				Home Phone:				Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Developme				Work Phone:					
City:				Birth Date:					
State/Zip:				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 <input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Other (please list):				
Middle									
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			Living With:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Apt #:				Cell Phone:					
Street				Home Phone:				Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Developme				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:		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	
<p>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.</p>	

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. 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"/> Other: _____ |
| <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 | An Asthma or Seizure Action Plan is required for all students with either Asthma or Seizures |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Hearing | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Vision | |

Comments: _____

2. Does your child have allergies to medicine, latex, insect bites or other allergies? 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.

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

What for? _____

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

List condition(s): _____

6. 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

7. 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? _____

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

Please list: _____

9. Has your child been out of the country for more than one month in the past year? Yes No

If so, where? _____

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 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® _____ Anbesol® _____ 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:** _____



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!



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 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.



2019 – 2020 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 16, 2019.



CHILD CARE TRANSPORTATION REQUEST

FOR 2019-2020 SCHOOL YEAR ONLY

Child's Name (PRINT): _____ Grade: _____ 2019-2020

2019-2020 School: _____

Parent/Legal Guardian: _____

Home Address: _____

City: _____ State: _____ ZIP code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Childcare Provider Address Must Be In the Same Attendance Area as the Child's School if requesting Christina Transportation.

Name of Childcare Provider: _____	
Date Pickup/Drop Off Requested to Begin: _____	Telephone: _____
Address: _____	
City: _____	State: _____ Zip code: _____
Childcare Provider's Signature (Required): _____ Date: _____	

For Parent/Legal Guardian:

I hereby affirm that my child will be cared for by the above named childcare provider beginning: _____

<u>Bus Pick -up Location:</u> (Select One) Home Address: _____ Or Childcare Provider: _____
--

<u>Bus Drop-off Location:</u> (Select One) Home Address: _____ Or Childcare Provider: _____
--

Parent's Signature (Required): _____ Date: _____

**AN INCOMPLETE FORM WILL NOT BE PROCESSED
Return Completed Form to Your Child's School**

SCHOOL AUTHORIZATION	
<input type="checkbox"/> Home address verified _____ (please initial)	<input type="checkbox"/> Childcare provider resides in feeder _____ (please initial)
<input type="checkbox"/> If no, state exception: _____ (I.E., choice/educational placement)	
Approved on: _____	By: _____ (Signature)
Upon completing school verification, keep original on file.	



CHRISTINA SCHOOL DISTRICT
RESIDENCE VERIFICATION FORM

I, _____, am the Parent/Legal Guardian of:
Parent/Legal Guardian's Name

Student's Name Student's Name

Student's Name Student's Name

My child(ren) and I reside at the address listed below with the Owner/Lessee of the property listed below as of: _____ Date

Name of Property Owner/Lessee: _____

House or Apartment # Street

City/State Zip Code Telephone Number

and will remain at this address until _____ Date

Signature of Owner/Lessee: _____ Date: _____
Sign in the Presence of a Notary Public

Signature of Parent/Guardian: _____ Date: _____

I further agree to notify the school(s) immediately if my living arrangement change.

By signing this form, we understand that giving a false or otherwise untrue answer to any of the questions in this affidavit could result in criminal charges of making a false statement (11 DE Code, Chapter 5, Part VI, § 1233)

ATTACH COPY OF RECENT, FULL PAGE UTILITY BILL OR SIGNED/DATED LEASE OR CLOSING DISCLOSURE

NOTARY PUBLIC

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

Christina School District

REQUEST FOR STUDENT SCHOOL RECORDS

_____ Date

Name of Previous School _____

Address of Previous School _____

City, State, Zip of Previous School _____

Student Name

Student ID#

Date of Birth

The above student has enrolled in the Christina School District School listed below in grade _____

School Name _____

Street Address _____

City, State, Zip _____

Attention: _____

Please forward all school records as soon as possible so that we may best serve this student. Please include the following:

Cumulative Record File
Health and Immunization Record
Report Card from Previous School
Current Attendance Report
Transcripts for students in grade 9 – 12

Special Education File (If applicable)
Psychological Evaluation (If applicable)
Withdrawal Grades
Discipline Record (as Req. by No Child Left Behind Act)

Public Law 93-380 does not require written consent of a parent or guardian to permit release of students' personally identifiable records or files to the following:

Officials of other schools or school systems in which the student intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record if desired, and have an opportunity for a hearing to contents of the record.

Your prompt response to this request is greatly appreciated. Thank you.

Authorization for release of records: _____

Parent or Guardian Signature

Date

For School Use Only, Please check all that apply

There is no discipline record for this student

Is this student currently serving a suspension or expulsion? yes no

If yes, please explain: _____

Is this student currently assigned to an alternative school or alternative setting? yes no

If yes, please explain: _____

Signature of Previous School Administrator

Title

Date