

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



Student Registration Card

For School 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
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			Living With:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apt #:				Cell Phone:	
Street Address:				Home Phone:	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	<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			Living With:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apt #:				Cell Phone:	
Street Address:				Home Phone:	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 Bleeding Chicken Pox Heart Seizures Other: _____
 Allergies Body Piercing/Tattoo Diabetes Infections Speech _____
 Asthma Bone Problem Emotional Kidney Surgery _____
 Behavior Bowel/Bladder Hearing Physical Disability Vision _____

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.

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 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

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:

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:** _____

Student:	
-----------------	--

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.
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.

Student: _____



Delaware Department of Education – Home Language Survey

_____ Date

_____ Colonial - School

Delaware Department of Education requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Please complete the portion below and return this survey to your child’s school.

I. Parent’s information (Section I is for the parent/guardian’s preferred language. The student information is in Section II):

- a. In what language would you like to receive written information from the school? _____
- b. In what language would you prefer to communicate orally with school staff? _____

II. Student’s Information:

_____ (Last/First/Middle Name)

_____ Grade

_____ Age

A.

- 1. Which language(s) does your child **currently** ...
 - a. understand? _____
 - b. speak? _____
- 2. Which language does your child most often **use** ...
 - a. at home ...
 - i. _____ with parents?
 - ii. _____ with siblings?
 - iii. _____ with extended family members?
 - b. Outside of school (with friends, for recreational activities)? _____
- 3. Which language does your child most often **hear** ...
 - a. at home ...
 - i. _____ with parents?
 - ii. _____ with siblings?
 - iii. _____ with extended family members?
 - b. Outside of school (with friends, for recreational activities)? _____

B.

- 1. Which language did your child speak when he/she first began to speak? _____
- 2. What other languages does your child regularly use/hear? _____
- 3. Does your child read/write English? _____
- 4. Does your child read/write in a language other than or in addition to English? Yes No

III. Additional services may be provided to your child based on the date of his/her arrival and enrollment in US schools.

- 1. Your child was born in what country? _____
- 2. If your child was born in another country, has she/he ever attended a school in the United States? Yes No
- 3. If yes, what was the date that your child enrolled in a US school? _____

_____ Parent/Legal Guardian Signature

_____ Date

DISTRICTS: a COPY of this form must be included in the district/charter registration packet and distributed to all students. The completed form must be retained in the student's file to document compliance with the Title III federal program requirements. If another language is indicated on the form, a COPY of the completed form should be routed to the English as Second Language Department