



Indian River School District Registration Packet

Welcome to Indian River School District! We are looking forward to welcoming you and your child(ren) to the District, and we will work diligently to ensure that the best education possible is provided along with a top-notch learning experience! Residents of the school District must register their child at their assigned feeder pattern school. As part of the registration process, a parent or legal guardian is required to visit the school where your child will attend to finalize the registration forms listed below, as well as provide copies of documents listed on the checklist.

Required Forms at Registration:

- Student Registration Form
- Migrant Education Agricultural Work Survey
- Delaware Home Language Survey
- Transportation Policy for Pre-K and Kindergarten
- Parental Consent Form for Photographs
- Military-Connected Youth Information Form
- Student Residency Questionnaire
- Home Access Center Request Form

Provided by Parent/Guardian:

- Proof of Residency (current lease, mortgage, or utility bill showing name and address)
- Student's Birth Certificate (or other acceptable means to verify age)
- Photo ID of Parent/Guardian
- Guardianship, Custody or Caregiver papers (only if applicable)
- Proof of Immunizations and Physical to include TB and Lead Blood Test
- Copy of existing IEP/504 Plan (only if applicable)

When you schedule a time to register bring the above information with you. Please reference the School Locator webpage under the "Parents & Students", "Registration" tab" at www.irsd.net

www.irsd.net



Registration Form
 Indian River School District
 31 Hosier Street
 Selbyville, DE 19975
 (302) 436-1000

School: _____ Date of Enrollment: _____ Grade: _____

STUDENT INFORMATION

Student Name: _____
 (Last) (First) (Middle)

Date of Birth: _____ State of Birth: _____ Female Male

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Ethnic Origin NO, my child is not Hispanic or Latino YES, my child is Hispanic or Latino-a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race

Mailing Address: _____ Physical Address: Same as Mailing Address

Development: _____

Home/Primary phone # _____

Will the student ride a bus to school: NO YES, where from/to: AM: _____ PM: _____

HEALTH CONCERNS: Does the student take any medication(s) or have health concerns we should be aware of? NO YES
 If yes, please explain: _____

McKinney-Vento Eligibility: * Is the student/family in a temporary living arrangement? NO YES
 * If "yes", is the temporary living arrangement due to loss of housing or economic hardship? NO YES
 * Is the student in foster care? NO YES

FAMILY INFORMATION

Student resides with: Both Parents Father Mother Step Father Step Mother Guardian(s)* Relative Caregiver*
 *Custody Order or Relative Caregiver Affidavit must be attached to registration form – Required prior to attendance

Legal Guardian(s): Father Mother Step Parent Guardian Other | Father Mother Step Parent Guardian Other

Name: _____

Address: _____

Home phone #: _____

Cell phone #: _____

Employer: _____

Work phone #: _____

Email Address: _____

Name & ages of other children living in the home: _____

Emerg. Contacts: _____

Emerg. Phone #: _____

INDIAN RIVER SCHOOL DISTRICT – ENROLLMENT FORM, continued

ACADEMIC INFORMATION

Last School Attended: _____ District: _____
Address: _____
Special Services: Special Education (IEP) Extra Reading/Math Help English as a Second Language
 § 504 Accommodation Plan Speech Other: _____

RESIDENCY VERIFICATION

Student Name: _____ Grade: _____
Parent/Guardian Name: _____
In order for a student (under the age of 18) to attend school in the Indian River School District, the student must:

- Reside with a natural, custodial parent within the Indian River School District -OR-
- Reside with a legal guardian within the Indian River School District (Documentation from Family Court is required) –OR-
- Reside with a primary relative caregiver within the Indian River School District (Must present complete, notarized form)

Parent/Guardian Identification Verification: Driver's License # _____ State: _____
Proof of District Residency is required: Current mortgage/rental lease, current utility bill (water, electric, gas), Notarized District Form

PARENT/GUARDIAN/RELATIVE CAREGIVER VERIFICATION STATEMENT

I/We verify that I/We, am/are the natural / custodial parent(s) legal guardian relative caregiver
of _____, who wishes to enroll in the Indian River School District. I/We verify that
the student named resides with me/us and that our residence is within the Indian River School District. I/We certify that all the info
rmation on this enrollment form is accurate and correct.
Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

CUSTODY / GUARDIANSHIP:

<input type="checkbox"/> At this time, there are NO custody papers	<input type="checkbox"/> I am the custodial parent
<input type="checkbox"/> Paperwork is being processed in the Courts and will be turned in as soon as they are complete.	<input type="checkbox"/> Copies of Court Guardianship papers were turned into the school office
<input type="checkbox"/> Copies of my child's custody papers were turned into the school office	<input type="checkbox"/> I am a Relative to the above named student and have completed a Relative Caregivers packet

PRE-KINDERGARTEN EXPERIENCE

1. Did you child attend a preschool or child care program in Delaware in the past year? YES NO
2. If yes, in which county did your child attend the program? New Castle Kent Sussex
3. If yes, what was the name of the program? _____

OFFICE USE (Staff initial that documents were received)

Student ID # _____ Bus# _____	IEP/504 _____
Records Requested _____ Fax _____ Mail _____ Rcv'd _____	Report Card _____
Custody Order _____	

***Required prior to attendance unless requesting services under McKinney-Vento Act. If McKinney-Vento services are requested, contact Visiting Teacher / Homeless Liaison**



**DELAWARE DEPARTMENT OF EDUCATION
MIGRANT EDUCATION PROGRAM
Agricultural Work Survey**

Dear Parent/ Guardian,

In order to better 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. 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," then you do not need to 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 check 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: _____ Date: _____

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

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

DISTRICTS: 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. The ORIGINAL document must be submitted to the Delaware Department of Education Migrant Education Program Office via State mail to Code D370B or by U.S. Postal Service to 401 Federal Street, Suite 2, Dover, DE 19901.



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.)



TRANSPORTATION POLICY FOR PRE-KINDERGARTEN AND KINDERGARTEN STUDENTS

To provide safe transportation and ensure students of pre-kindergarten and kindergarten age are properly monitored, a parent/guardian or caregiver must follow the procedures below during release at the bus stop:

1. Parent/guardian or caregiver must be at the bus stop. Once the bus comes to a complete stop and the doors are opened, the parent should approach the bus to retrieve his/her child. This way the bus driver can ensure that each pre-kindergarten and kindergarten student has a parent/guardian or caregiver present.
2. The bus driver may ask for the name of the child before releasing him/her. (At the start of school year or if there is a substitute driver)
3. If the parent/guardian has to cross the road after receiving his/her child, he/she must wait for the bus driver's verbal command to cross.
4. Older students will not be permitted to take pre-k or kindergarten students home. A parent/guardian or caregiver must receive the child.

In the event a parent/guardian is not present at the bus stop, the driver is required to notify the school and return children to school at the end of his/her route. School administrators should follow the below matrix to ensure compliance:

- 1st Offense: A letter will be sent to the parent notifying him/her that the child was returned to school. The parent will be told that this is against district policy to not be present to receive his/her child. It will be explained to the parent that if this continues, transportation services can be discontinued.
- 2nd Offense: A letter will be sent to the parent notifying him/her that the child was returned to school for a second time. The parent will be told once again that this is against district policy to not be present to receive his/her child. It will be explained to the parent that if this infraction occurs again, a five school day bus suspension will occur.
- 3rd Offense: A letter will be sent stating that transportation services will be suspended for a period of five school days.
- 4th Offense: A letter will be sent notifying the parent/guardian that transportation services will be suspended for 30 school days.
- 5th Offense: Transportation services are terminated for the remainder of the school year.

I acknowledge I have received a copy of the pre-kindergarten and kindergarten transportation requirements.

Parent/Guardian Signature

Date



PARENTAL CONSENT FORM RELEASE OF CHILD'S PHOTOGRAPH AND OTHER INFORMATION

During each school year, occasions arise when students are photographed or interviewed by local media representatives and school district officials during special events such as assemblies, awards presentations, concerts, sporting events and education-related news reports. For the protection of every student, we seek parental permission prior to a child's photograph and name being published in local newspapers, district press releases, informational pamphlets, the district newsletter, the school district calendar and school and/or district web sites.

Please indicate your preference below and return this form to your child's school. If this form is not returned, it will be implied that permission is NOT granted. This form does not apply to yearbook photos. All students' images will appear in the yearbook unless the parent makes a separate request to the school principal for his/her child's photo to be excluded.

Check one:

YES, I grant permission for my child _____ (name) to have his/her photograph taken, to be interviewed by the media and to have his/her name and/or image and likeness published.

NO, I do not grant permission for my child _____ to have his/her photograph taken, to be interviewed by the media and/or to have his/her name published.

Parent/Guardian Signature

Date

NOTE: This completed form will be valid for the duration of a student's enrollment in the Indian River School District. A new form must be submitted only if the parent wishes to change the child's permission status.

31 Hosier Street, Selbyville, Delaware 19975 • (302) 436-1000 • Fax (302) 436-1034

The Indian River School District is an Equal Opportunity Employer and does not discriminate or deny services on the basis of race, color, national origin, sex, gender, creed, religion, veteran status, sexual orientation, marital status, citizenship status, pregnancy, age, ancestry, disability, gender identity, genetic information, military status or any other characteristic protected by law.



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 Every Student Succeeds Act (2015), S.1177-47 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 Every Student Succeeds Act (2015), S.1177-47.

“**Active Duty/Recently Retired/Reserves**” - I am a parent or step-parent *residing in the same household*, who is on active duty, serving in the reserve component, 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**” - I am 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, 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: _____



Indian River 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: _____ Male Female Grade: _____

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'**, please sign and stop here. You do not need to complete the remainder of form.

Parent Signature: _____ Date: _____



1. Do you live in any of these following situations?

Sharing the housing of other persons due to: (check one)

Long-term, cooperative living arrangement to save money or a similar reason

Loss of housing, economic hardship or a similar reason (example: evicted, lost job, etc.)

Explain: _____

Other (please specify): _____

In a motel, hotel, sharing housing, campground or similar setting due to: (check one)

A convenient living arrangement or waiting for apartment or house to be ready

Lack of alternative adequate accommodations,

Explain: _____

Other (please specify): _____

In emergency or transitional shelters such as domestic violence shelters or homeless shelters or transitional housing or other shelters or agencies.

Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans.

In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings

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) Alone with no adults

Relative(s), friend(s), or other adults(s) who are not the parent or the legal guardian

4. Please list the name and ages of any children living with you that you have guardianship of:

A. _____ C. _____

B. _____ D. _____

5. I certify and affirm that all of the information on this form is true and correct as of the date I have signed below. I also understand that the Board of Education of the Indian River School will rely upon the truthfulness of the statements set forth in this form in order to expend public funds, and that the failure to report truthfully and accurately is a felony pursuant to 11 Del. Code. 1222 In the event a statement set forth herein is false, I recognize that the Board of Education of the Indian River School District may, in addition to the pursuit of criminal charges, pursue a civil action against anyone making a false statement.

Printed Name: _____ Signature: _____

Address: _____

Phone Number with Area Code: _____

Emergency Contact Phone Number with Area Code: _____



INDIAN RIVER HOME ACCESS CENTER ACCOUNT

Dear Parent(s)/Guardian(s):

The Indian River School District has offered Home Access Center to families as an online communication tool between the school and home. Home Access Center provides up-to-date attendance, grade, and discipline information for registered families.

I understand that my Home Access Center Account is a complimentary service provided by the state of Delaware. HAC will allow parents and guardians with school authorized accounts and passwords to view limited student information from the eSchoolPLUS database through the internet. I further understand that not all information will be available at all times.

Information:

Parent/Guardian Name: _____

Email Address: _____

Student Name: _____

ID# _____ Grade: _____

School: _____

Parent/Guardian Signature

Date

For Office Use Only

Authorization Date: _____

Access Granted By: _____ 31

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