



Kindergarten

Important
Message

Early Registration Event

Dates: Wednesday, April 26th

And Thursday, May 11th

Time: 4:00 - 6:30

Place: Your feeder school

Bring your child

Special events at each school

Don't miss this opportunity to register early!

(Child must turn 5 by August 31st)



Kindergarten

Important
Message

Evento de Registracion adelantada

Dias: Miercoles, Abril, 26

Y Jueves, Mayo 11

Hora: de 4:00 a 6:30

Lugar: Tu escuela inmediata

Traiga a su hijo/a

Eventos especiales en cada Escuela

No dejen pasar esta oportunidad de registrar

Los estudiantes adelantados

(El estudiante debe cumplir 5 anos antes de August 31)

2018-2019 District:

School:

For Office Use Only

Student:

ID:

Gender:

Grade:

HMRM:



Red Clay Consolidated School District

Student Data Card

For Office Use Only

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Student Information

2018-2019 Grade:			
First Name:			
Middle Name:			
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
Nickname:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> Female
Birth Date:			
Home Phone:		Unlisted?	

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"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	Select all that apply

Please indicate Physical (Home) and Mailing address if they are different.

Physical Address:	
Apt #:	
Development:	
City:	
State/Zip:	
Mailing Address:	<input type="checkbox"/> Same as Physical?
Apt #:	
Development:	
City:	
State/Zip:	

Special Custody Information: If child lives with anyone other than mother or father listed on birth certificate please indicate:

Name:			
Relationship:			
Custodial Papers on file with school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional Information

Has the student been expelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have: (documentation required)		
IEP (Individualized Education Plan):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
504 Accommodation Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning Difficulties:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical Difficulties:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name/Address of Previous School, Pre-School or Day Care

Name:			
Street/Apt:			
City:			
State:		Zip:	
Phone:			
Fax:			

School Age Sibling Information

Name:			
DOB:		Grade:	
School:			
Name:			
DOB:		Grade:	
School:			
Name:			
DOB:		Grade:	
School:			
Name:			
DOB:		Grade:	
School:			

Information Regarding How the Red Clay Consolidated School District Shares Student Information

The Red Clay Consolidated 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.redclayschools.com/forms> or obtain an opt-out form from your child's school office.

For Office Use Only

Student: _____

ID: _____

Parent/Guardian Contact Information: Please provide and/or modify contact and emergency information. If necessary cross out and neatly print and/or select appropriate information needing correcting.

First Name:		Relationship:	Mother	Father
Middle Name:		Step-Mother	Step-Father	Court Appointed Guardian
Last Name:		Other (please list):		
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:	Yes	No
Street Address:		Home Phone:	Unlisted?	
Apt #:		Cell Phone:		
Development:		Work Phone:		
City:		Birth Date:		
State/Zip:		E-Mail:		
Education Level: High school diploma/GED or above:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:		

If above e-mail is not correct or is blank, please provide an email address; separating each character in the boxes provided:

First Name:		Relationship:	Mother	Father
Middle Name:		Step-Mother	Step-Father	Court Appointed Guardian
Last Name:		Other (please list):		
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:	Yes	No
Street Address:		Home Phone:	Unlisted?	
Apt #:		Cell Phone:		
Development:		Work Phone:		
City:		Birth Date:		
State/Zip:		E-Mail:		
Education Level: High school diploma/GED or above:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:		

If above e-mail is not correct or is blank, please provide an email address; separating each character in the boxes provided:

First Name:		Relationship:	Mother	Father
Middle Name:		Step-Mother	Step-Father	Court Appointed Guardian
Last Name:		Other (please list):		
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:	Yes	No
Street Address:		Home Phone:	Unlisted?	
Apt #:		Cell Phone:		
Development:		Work Phone:		
City:		Birth Date:		
State/Zip:		E-Mail:		
Education Level: High school diploma/GED or above:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:		

If above e-mail is not correct or is blank, please provide an 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:		
	Home Phone:		Home Phone:		
	Cell Phone:		Cell Phone:		
	Work Phone:		Work Phone:		

REQUIRED REGISTRATION DOCUMENTATION

The following documentation must be presented at the attendance zone school at the time of registration

For Kindergarten registration requirements please go to the following link:

http://www.redclayschools.com/files/OTHmq_eb2409eb1f434b423745a49013852ec4/2014_15_Kindergarten_Registration_updated_052014.pdf

1. **Birth Certificate** (with raised seal)

A copy of the birth certificate faxed directly to the school by the previous school may be accepted; however, an original must be provided within 30 days of the registration or the child may be withdrawn.

- If the birth certificate does not contain the name of the parent who is registering the child, additional guardianship verification is required.
- A legal document (from the court system) may be accepted with the birth certificate if it states the parent's name, relationship to the child and the child's date of birth.

2. **Record of physical examination** (completed within the last 24 months)

3. **Current immunization record**

4. **Most recent student report card (grades K – 8), most recent transcript (grades 9 – 12)**

5. **IEP (Individualized Education Plan) documentation** (if applicable)

6. **Two Proofs of Residence** – Parent, legal guardian or relative caregiver of child being registered is required to provide at least two documents from the lists below. The documents must contain the name and address of the parent, legal guardian or relative caregiver. Addresses must be the same on both documents.

AT LEAST ONE ITEM FROM GROUP A AND ONE ITEM FROM GROUP B MUST BE PROVIDED

Group A

- Copy of the most recent month's mortgage statement
(Copy of home settlement statement may be accepted in lieu of mortgage statement if the home was recently purchased and a mortgage statement has not been received)
- Rental agreement (showing legal parent, legal guardian, or relative caregiver as an occupant)
- Sewer bill (current year)
- Real estate tax receipt (current year)
- A recent original gas or electric bill

Group B

- Current automobile registration card or automobile insurance policy statement
- Rental insurance policy statement
- Most current year's tax documents
- Pay check or pay stub (dated within the past 30 days)
- Two consecutive bank statements (dated within the past 90 days)
- Official US Postal Service change of address notification on returned mail (yellow label with new address should be attached to envelope next to the old address)
- Correspondence from a DE state agency such as DHSS, DSCYF, Department of Labor, and DSS

If living in a residence of another person (not a rental property):

Both parties must complete an Affidavit of Multiple Occupancy. The owner of the property must provide at least one item from Group A and one item from Group B (listed above). The parent of the student being registered must provide at least two items from Group B (listed above).

If living in a rental residence of another person:

Both parties must complete an Affidavit of Multiple Occupancy. The lessee must provide a copy of the current lease agreement and one item from Group B (listed above). If the parent/legal guardian/relative caregiver and child are on the leaseholder's lease agreement, they must provide one item from Group B (listed above). If the parent/legal guardian/relative caregiver and child are not on the leaseholder's lease agreement they must provide two items from Group B (listed above).

**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 Title I, Part C Office within 10 days of the student's enrollment by State Mail Code D370B or by U.S. Postal Service to 401 Federal Street, Suite 2, Dover, DE 19901. 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.



2017 – 2018 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 18, 2017



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 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.)

Red Clay Consolidated School District


Student Residency Questionnaire



This **Student Residency Questionnaire** is intended to address the McKinney-Vento Act. Your answers will help 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', you may **stop** here. You do not need to complete this form.* 

1. Do you live in one of the 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, _____ am the parent/legal guardian of _____ who is of school age and who is seeking enrollment in the Red Clay School District. We reside at _____

Parent Signature: _____

Date: _____