

Seaford School District

Seaford, Delaware

390 NORTH MARKET STREET EXTENDED SEAFORD, DELAWARE 19973 Phone (302) 629-4587 Fax (302) 629-2619

OFFICE OF STUDENT SERVICES MR. CHESTER COX, DIRECTOR

Dear Parent and/or Guardian:

Welcome to Seaford School District, we are happy to have you here! Our mission at Seaford School District is to instill in our students a sense of pride through excellence, enabling them to be good citizens, contributing members of society, and to successfully compete in a global economy. We need your help to complete this mission.

In order to complete your enrollment with Seaford School District, we will need the following items:

- Seaford School District Enrollment Form
- Seaford School District Bus Registration Form
- o DDOE Migrant Education Program Agricultural Work Survey
- o DDOE Home Language Survey
- Seaford School District Home Access Center Request Form
- Records Release Form if applicable
- o Student Residency Questionnaire

It is also mandatory that you bring the following documents:

- o Your picture I.D.
- o A copy of your child's current physical exam
- Complete immunization records, to include 5 or more doses of DTP, 4 doses of IPV or OPV, 2 doses of MMR, 3 doses of Hepatitis B, 2 doses of Varicella, a TB screening, and Lead Blood Test. (Immunization regulations are set by the State of Delaware)
- o Official state issued Birth Certificate
- o Proof of Residence (current utility bill, lease or rental agreement)
- o Legal custody or guardianship papers (if applicable)

If you have any questions regarding these forms or need assistance in completing them, please call the Seaford School District Office at 302-629-4587, ext. 1500.

SEAFORD SCHOOL DISTRICT ENROLLMENT FORM
390 N. Market St Extended, Seaford DE 19973 Phone 302-629-4587 Fax 302-629-2619

Olddolk illion					
Last Name:		First Name: _		Middle:	T
Date of Birth:	//	Gender: Male	☐ Female	Nickname:	
(For Page Bloss	Ethnicity: Hispani se select all that a	c Origin: Yes No	Preferred La	anguage:	
		<i>ppiy)</i> n	fic Islander ∐I	Black/African American	☐White/Caucasian
911 Street Addre	ss:		Mailing Addres	s:	
City, State, Zip C	ode:		City, State, Zip	Code:	
Primary Phone N	lumber:	Stud	lent Lives With	·	
Has student ever	: Attended a school	l in Delaware? 🗌 Yes 🗌	No School:_		
Has student ever:	Been Expelled or	Suspended?	No Address:		
Does the Student	have an IEP or 50	4 Plan? ☐ Yes ☐ No Ple	ase Specify: _		
Parent/Guardi	an Information	ı			
☐Parent ☐ Gua	rdian Specify :		☐Parent [☐ Guardian <i>Specify</i> : _	
Name:			Name:		n
Address:					
City, State, Zip:					
Date of Birth: M	Day Ye	ear	Date of Birth	n: M Day	Year
Phone 1:			Phone 1:		
Phone 2:			Phone 2:		
Email:					
Siblings in Hou	ısehold Under	Age 18		To be complete	
Name:		Age: (Grade:	_	
Name:		Age: (Grade:		
Name:		Age: (Grade:	School:	
Emergency Co	ntact Informati	<u>on</u>			
Name:			Pho	one 1:	
Address:			Pho	one 2:	
Name:				one 1:	
Address:				one 2:	

Federal Elementary and Secondary Education Act

Our schools maintain a website with information about our programs and activities. Many of our teachers have their own school-supported websites and we regularly send information to the local newspapers. To recognize the accomplishments of our students, we would like to include photographs on the site and in press releases. These photos are a great way to "showcase" many of the outstanding activities that happen throughout the school year in our district and we would like to include your child. This act also requires school districts to release student contact information such as names, addresses and phone numbers of juniors and seniors to military recruiters or to colleges and universities who request them. The Seaford School District must release this information if requested because we receive federal funding. However, if parents do not wish to release information or photographs of their child they may check the appropriate boxes below.

As a parent, I <u>do not</u>	want the following infor	mation released or	used on websites or	in press releases.
	☐ Student's Address			
Parent/Guardian Signature		Date		
	HOME ACCESS R	EGISTRATION	(PLEASE PRINT)	
Home Access allows parent/gu	uardian with school-auti	horized accounts to	view student inform	ation through the internet
Parent/Guardian [Your username	to logon will be your lasti	name with a period ar	nd then your firstname	(ex. jones.judy)
Last Name:		First Name:		
Email Address:				
Choose your Password:			(Your password mu	ust be at least eight (8) vith a Capitol letter <u>and</u> at Example: Time4fun)
I am requesting HAC access for these cun	ent students as their legal gu	uardian:		
Student Name*:*		Student Name *:_		
Student Name*:		Student Name *:		
I understand that my Home Acc Delaware Department of Educat understand the	ess Center (HAC) Action. I further understat my child may termi	WILLY IN SECURITY SHEET THE	700000 0000 mill be	
I verify all information present of residency will result in	n this form is factual, the termination of thi	I understand that s student's enroll	t any misinformation	on regarding custody and I School District.
If there are custodial restrictions/go				
It is the responsibility of the parent				
Signature of person enrolling s	tudent	Relationship to st	udent	Enrollment Date
Printed Name of Person Enrolling S	itudent:			
	Orido tha	a a		

Pride through Excellence

Seaford School District Bus Registration School:

- Only use this form when your student needs to be transported to and/or from an address other than the home address. This form <u>MUST</u> be submitted every year if requesting a change.
- Return this form to your student's school.
- A minimum of 48 hours is required before a change will take effect. However, if a bus request causes a whole bus route to be rerouted, it may take longer.
- You will be notified when the new bus has been assigned.

HOME:

Student's name:		
Parent/Guardian name(s):		
Address:		
TELEPHONE		
TELEPHONE:		
Home:		
Work:	W.	
Cell:		
DAYCARE:		,
When will the student be at daycare? (Check all that apply)	□ A.M.	□ P. /
Daycare Provider's Name:		
Daycare Provider's Address:		
Daycare Provider's Phone:		
Parent/Guardian Signature:	Date:	

For School Use Only		* * * * * * * * * * * * * * * * * * *
orm received by:		



DELAWARE DEPARTMENT OF EDUCATION TITLE I, PART C

English/Haitian-Creole

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 Meat or food packing plant Cranberry bogs Food processing Cannery Fresh/frozen juices Mushrooms Pet food processing Chicken house Fishery Planting, picking, or packing fruits, Cleaning, weeding or preparing land for vegetables, seeds, or nuts 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:_____ ____ Apt. No. ____ City: ___ _____Zip:____ 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. .



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:	-					Schoo	d:							
The Delaware student. The in English as a Se authorities.	formatic	on pro	vided u	vill only	be use	d to de	termin	e wh <mark>eth</mark>	er you	r stud	ent is	elig	ible to	beg	in the
Student Infor	mation														
First Name:					Coun	try of l	oirth:								
Last Name:					Date	of entr	y in the	US:							
Birthdate:					Date	studen	t first e	nrolled	in a U	S scho	ool:				
Circle grade		hild at	ttended	d in US	schools	S									
PK	K	1	2	3	4	5	6	7	8	9	1	0	11	13	2
How many	total mo	nths h	as the	studen	t been	enrolle	ed in a l	JS scho	ol?						
1. What															
Langua			,				l Dia	lect:							
		ب م له م		ادائمام		C.									
2. What		e doe	is your	chila	most c	often u									
Langua	ige:		-				Dia	lect:							
3. What	languag	es do	you m	nost of	ten sp	eak to	your c	hild?							
Langua	ge:						Dia	lect:							
4. What	anguag	e-woı	ıld-you	ı prefe	r to re	ceive i	nforma	ation fr	om yo	our-sc	hool	?			
Langua	ge:						Dia	lect:							
							******								_
,	Parent	Name			10 38 		Parent	Signatu	ıre				Da	ate	

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 McKinney-Vento 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.:	Grade:	🗆 Male 🗀 Female
Name of Current School:	Name of	Last School:	
Is your current address a temporary living arranger	ment? Yes 🗌 No 🗆		
If you answered 'YES', please complete all questions			
If you answered ' No' , you may <u>stop</u> here. You do no		form.	
1. Do you live in any of these following situations	s?		
\square Sharing the housing of other persons due to:	(check one)		
\square Loss of housing, economic hardship or a	similar reason (exampl	e: evicted, lost job	, etc.)
Explain:			
\square Long-term, cooperative living arrangeme			
☐ Other (please specify):			
\sqcup In a motel, hotel, campground or similar setti	ing due to: (check one)		
☐Lack of alternative adequate accommoda	· ·		
Explain:			
☐A convenient living arrangement or waitin			
☐Other (please specify):			
☐ In an emergency or transitional shelter such a	as a domestic violence :	shelter or a homel	ess shelter or transitional housing
or other shelter			
☐ Have a primary nighttime residence that is a p	place not designed for	or ordinarily used	as a regular
sleeping accommodation for humans	ng gubatandayd ba	.= 1	
In a car, park, public space, abandoned buildin similar setting	ng, substandard nousin	ig, bus or train stat	ion, or
☐ None of the above			
2. How long do you anticipate living at this location	nn?		
3. The student lives with:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
☐ Parent(s) or legal guardians(s)			
Relative(s), friend(s), or other adults(s) who a	re not the parent or the	e legal guardian	
☐ Alone with no adults	a not one parent of the	c regar guar diarr	
4. Please list the name and ages of any children liv	ring with you that you	have guardianshir	of:
Α		G	
В			
I am the parent/legal guardian of	, who is	of school age and	who is seeking enrollment in the
school district.			
I understand that presenting a false record of falsifying	ng records is an offense	a undor Fodoral an	d state facus and annullmant of
the child under false documents subjects the person	to liability for tuition a	nd other costs	d state laws and enrollment of
Printed Name:			
Signature:	Date:		
Address:		CITIZII.	
Phone Number with Area Code:	_ Emergency contact P	hone Number witl	n Area Code:

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 du (United States Army, United States Navy, United States Air Force, United States Coast Guard) pursuant to 10 U.S.C. §101(d) (2014), a Succeeds Act (2015), 20 U.S.C. 6301 et seq.	, United States Marine Corps, or
"Active Duty/Recently Retired/Reserves/Identified as a Disar A parent or step-parent residing in the same household, who is reserve component, identified as a disabled veteran, killed in action months prior to September 30 of the current school year) from a branch of Such branches consist of the United States Army, United States Air Force, United States Navy, National Guard, United States Coast Guard, National Administration or the United States Public Health Service pursuant to 14 Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).	on active duty, serving in the a, or recently retired (within 18 the United States armed forces. United States Marine Corps, l Oceanic and Atmospheric
IMMEDIATE FAMILY MEMBER OR ANY OTHER PERSON RESID	ING IN SAME HOUSEHOLD
"Active Duty/Recently Retired/Reserves/Identified as a Disa An immediate family member, including a sibling or any other pers household, who is on active duty, serving in the reserve component killed in action or recently retired (within 18 months prior to September 30 branch of the United States armed forces. Such branches consist of the United Air Force, United States Marine Corps, United States Navy, National Gual National Oceanic and Atmospheric Administration or the United States Public Admin. Code 932, 14 Del.C. Chapter 1, §122 (b)(28), 10 U.S.C. §101(d)	on residing in the same t, identified as a disabled veteran, of the current school year) from a nited States Army, United States rd, United States Coast Guard, ablic Health Service pursuant to 14
NON-APPLICABLE	
Student Name:	Grade:
School Name:	
Homeroom Teacher Name:	t
Please return this form to your student's homeroom teacher on or before I	Monday, September 16, 2019.



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!



DELAWARE STUDENT HEALTH FORM - CHILDREN PreK- Grade 6

To be completed by licensed healthcare provider:

Physician (MD or DO), Clinical Nurse Specialist (APN), Advanced Practice Nurse (APN), or Physician's Assistant (PA)

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) and your health care provider (Parts I, II, and III). All students in Delaware public schools must provide documentation of current immunizations, and a current (within 2 years) physical examination upon school entry and at ninth (9th) grade.

Talk with your health care provider about important issues 1 regarding your child, such as:

School (readiness or adaptation, after school, parent-teacher communication, maturity, performance, special
services)
Mental and Physical Activity (healthy weight, well-balanced diet, physical activity, limited screen time)
Emotional Well-Being (family time, social interactions, self-esteem, resolving conflicts, friends)
Physical Growth & Development (dental care, healthy eating, puberty)
Injury & Illness Prevention & Safety (seat belt or booster seat, bicycle safety, swimming, abuse protection,
guns, fire safety, supervision, sunscreen, internet, infection, disaster planning)
Immunizations
Influence (consonal) vaccine is recommended to the state of

- Influenza (seasonal) vaccine is recommended each year for all children (6 months and up).
- Human papillomavirus vaccine (HPV) is recommended for all girls and boys (ages 11 or 12, minimum age 9) to prevent cancers, pre-cancers, and genital warts.
- Hepatitis A, Meningococcal, and Pneumococcal vaccines are recommended for certain high risk

Immunization Requirements for Newly Enrolled Students at Delaware Schools

KINDERGARTEN²: DTaP/DTP: 4 or more doses. If the 4th dose was prior to the 4th birthday, a 5th dose is required.

Polio: 3 or more doses. If the 3rd dose was prior to the 4th birthday, a 4th is required.

MMR³: 2 doses. The 1st dose should be given on or after the 1st birthday. The 2nd dose should be given after the 4th birthday.

Hep B 3 : 3 doses.

Varicella⁴: 2 doses. The 1st dose should be given on or after the 1st birthday and the 2nd dose after the 4th birthday.

GRADES 1-6:

DTaP/DTP: 4 or more doses. If the 4th dose was prior to the 4th birthday, a 5th dose is required. Students who start the series at age 7 or older only need a total of 3 doses. A booster dose of Td or Tdap is recommended by the Division of Public Health for all students at age 11 or five years after the last DTap, DTP, or DT dose was administered - whichever is later.

Polio: 3 or more doses. If the 3rd dose was prior to the 4th birthday, a 4th is required.

MMR³: 2 doses. The 1st dose should be given on or after the 1st birthday. The 2nd dose should be given after the 4th birthday.

Hep B³: 3 doses. For children 11 to 15 years old, two doses of a vaccine approved by CDC may

Varicella⁴: 2 doses. The 1st dose must be given on or after the 1st birthday and the 2nd dose after the 4th birthday.

Based on Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, (3rd ed.) AAP, 2008
 Children who enter school prior to age four shall follow current Delaware Division of Public Health recommendations.
 Disease histories for measles, rubella, mumps and Hepatitis B will not be accepted unless scrologically confirmed.
 Varicella disease history must be verified by a health care provider to be exempted from vaccination.

PART II - IMMUNIZATIONS

Entire section below to be completed by MD/DO/APN/NP/PA Printed VAR form may be attached in lieu of completion.

Immunizations - Shaded Vaccines Required. Regulations is located at Title 14 Section 804 Immunizations

DTaP/DT	DTaP/DT	DTaP/DT	DTaP/DT	DTaP/DT
OPV/IPV	OPV/JPV	OPV/IPV	OPV/IPV	OPV/ IPV
PCV7/ PCV13	PCV7/ PCV13	PCV7/ PCV13	PCV7/ PCV13	PCV7/ PCV13
Hib / /	Hib / /	Hib / /	Hib / /	11111
MMR / /	MMR	HepB/HepB-2	НерВ/НерВ-2	НерВ
VAR	VAR	RV-2/ RV-3	RV-2/ RV-3	RV-3
MCV4 / /	MCV4	HPV / /	HPV / /	HPV
Hep A / /	Hep A / /	Td/ Tdap	Td/ Tdap	Td / /
Influenza / /	Influenza	PPSV23	PPSV23	11111
Other:	Other:	Other:	Other:	Other:

PART III - SCREENING & TESTING

Entire section below to be completed by MD/DO/APN/NP/PA

Screen	Height:Weight:B. (inches) (pounds)	MI:BMI Percer	atile:BP:	_Pulse:	Other:
Dental Screen	☐ Problem Identified: Referre ☐ No Problem: Referred for pr ☐ No Referral: Already received	evention			
Tuberculosis Screen	All new enterers must have TB test on Risk Assessment: Mantoux Skin Test: Other: (type)	Date	Results: At-Risk	□ No Risk ■ MM	
Lead	Blood lead test required for children Date: Results		-		
Other Screen	Hearing: Type: Vision: Type: Other: Type:	_ Date: Resu		Referral: No	Date Date Date

Seaford School District

ELEMENTARY IMMERSION INTEREST FORM

School Year 2019-2020

Student's Name:			Date of Birth:/
Address:			Gender: Female Male
Home Elementary School:			Next Year's Grade Level:
Current Elementary School (if applicable			K [#] 1 2 3 4 5
Step 1: Please check each program lotte	ry in which you would like	your child to partic	ipate.
	Fill in your choice(s)	Language	
		Spanish	
Step 2: Is Spanish your primary language	spoken at home?		
☐ Yes ☐ No			
the same immersion program on Sibling's Name			Date of Birth//
Sibling's Name			Date of Birth / /
Elementary School			
Step 4: Initial each of the following state			
I understand that accepta Seaford School District.	ince into the immersion p	rogram is depender	t upon full registration of my child in the
Seaford School District. Out-of-district applicants	must submit an <i>Out-of-Di</i> dered. Admission into the	strict School Choice	Application with the Elementary Immersion is pending approval of school choice
Seaford School District. Out-of-district applicants Interest Form to be considered.	must submit an <i>Out-of-Di</i> dered. Admission into the of Education.	strict School Choice immersion program	Application with the Elementary Immersion is pending approval of school choice
Seaford School District. Out-of-district applicants Interest Form to be considered by the Board of the Initial invitation, I	must submit an <i>Out-of-Di</i> dered. Admission into the of Education. understand that I will hav	strict School Choice immersion program e two (2) weeks to a	Application with the Elementary Immersion is pending approval of school choice
Seaford School District. Out-of-district applicants Interest Form to be considered application by the Board of the Initial invitation, I application that when I approgram wait lists.	must submit an Out-of-Didered. Admission into the of Education. understand that I will havaccept a seat at a programs entering Grades 2-5 who	strict School Choice immersion program to two (2) weeks to a n, my child's name we are invited to a pro	Application with the Elementary Immersion is pending approval of school choice
Seaford School District. Out-of-district applicants Interest Form to be considered application by the Board of the Initial invitation, I applicated that when I approgram wait lists. I understand that student	must submit an Out-of-Didered. Admission into the of Education. understand that I will havaccept a seat at a program sentering Grades 2-5 who eeks of the program invita	strict School Choice immersion program te two (2) weeks to a n, my child's name we are invited to a prosition. §	Application with the Elementary Immersion is pending approval of school choice accept a seat. Vill be removed from other school choice orgram must pass a language readiness
Seaford School District. Out-of-district applicants Interest Form to be considered application by the Board of the Initial invitation, I are program wait lists. I understand that student assessment within two we have read and understand understand that student assessment within two we have read and understand understand that student assessment within two we have read and understand that student assessment within two we have read and understand that student assessment within two we have read and understand that student assessment within two we have read and understand that student assessment within two we have read and understand that student assessment within two we have read and understand that student assessment within two we have read and understand that we have read and under	must submit an Out-of-Didered. Admission into the of Education. understand that I will have accept a seat at a program is entering Grades 2-5 who eeks of the program invitated the Elementary Immers	strict School Choice immersion program te two (2) weeks to a n, my child's name we are invited to a prosition. §	Application with the Elementary Immersion is pending approval of school choice accept a seat. Vill be removed from other school choice orgram must pass a language readiness
Seaford School District. Out-of-district applicants Interest Form to be considered application by the Board of the Initial invitation, I applicated that when I approgram wait lists. I understand that student assessment within two well.	must submit an Out-of-Didered. Admission into the of Education. understand that I will have accept a seat at a program as entering Grades 2-5 who eeks of the program invitated the Elementary Immers on clearly:	strict School Choice immersion program to two (2) weeks to a n, my child's name we are invited to a program of the following strength of the followi	Application with the Elementary Immersion is pending approval of school choice accept a seat. Vill be removed from other school choice ogram must pass a language readiness ad Questions (FAQ).
Seaford School District. Out-of-district applicants Interest Form to be considered application by the Board of application by the Board of application by the Board of the initial invitation, I understand that when I program wait lists. I understand that student assessment within two working information assessment and understand that student assessment within two working informations.	must submit an Out-of-Didered. Admission into the of Education. understand that I will have accept a seat at a program is entering Grades 2-5 who eeks of the program invitated the Elementary Immersion clearly:	strict School Choice immersion program to two (2) weeks to a n, my child's name we are invited to a prosition. §	Application with the Elementary Immersion is pending approval of school choice accept a seat. Will be removed from other school choice organ must pass a language readiness and Questions (FAQ). Home phone

Students who will turn 5 years old after 09/01/19 must be approved for Early Entrance to Kindergarten by the School Principal and the Director of Instruction.

§ Selection for an immersion program for students entering Grades 2-5 is based on space availability and student readiness. Students entering Grades 2-5 may participate in the lottery process. If invited, the student must pass a language readiness assessment to be in the program for the following school year.

For students with an Individualized Education Program (IEP), annual review decisions may supersede school assignments made through the immersion process.

What is the PTO?

PTO is the largest nonprofit volunteer advocacy organization in the country.

The West Seaford PTO and Board is a 100% volunteer organization composed of West Seaford parents just like you.

We know that you want the best for your children and being a PTO member can help you achieve that! Children learn more and have better lives when parents, school staff, students, and the community work together. PTO brings these groups together to share thoughts and ideas about programs and activities that benefit children. Our PTO provides information and resources that strengthen these relationships.

Examples of PTA Budget Priorities

(What your contribution supports)

- ➤ T shirts for every student in the school
- ➤ Classroom Teacher & Staff Supplies
 - ➤ PBS Activities
- ▼ Field Day Support
 ▼ Field trip support for
 - each grade ➤ Welcome Back Breakfast
- Family enrichment events including Polar Express, Sock Hop and Movie Night
- ➤ Books For Classrooms
 - ➤ Attendance Incentives
 - Teacher AppreciationEnd of the YearCarnival

McDonalds

Paint Night

Book Fairs

Applebee's

<u>Last Year's</u> Fundraising Events

Spirit Wear
Shoparoo
Box Tops
Grottos
Texas Roadhouse
Subway
Pizza King
Dairy Queen
Harlem Wizards
Holiday Ornament
Shop

SEAFORD SCHOOL DISTRICT

Kindergarten Registration

2019-2020 SCHOOL YEAR

If your child will be 5 years old before August 31, 2019, please call to make an appointment. If you know someone who has a child this age, please share this information with them.

West Seaford Elementary - April 2nd and 3rd

(11:00am to 7:00pm) If you live in the West/Central school zone, please call 302-629-4587 ext. 6501

Blades Elementary - April 9th and 10th

(11:00am to 7:00pm) If you live in the Blades/Fred school zone, please call 302-629-4587 ext. 7500

IMPORTANT DOCUMENTS TO BRING:

- O Your Photo ID
- Child's Birth Certificate
- Proof of Residence: lease/contract agreement, current utility bill (gas, electric, water)
- O Child's Current Physical Exam & Immunization Record
- Legal Documents for Custody or Guardianship of Child
- Completed Enrollment Packet



PLEASE BRING YOUR CHILD TO REGISTRATION





Help Your Child Succeed in School: **Build the Habit of Good Attendance Early**

School success goes hand in hand with good attendance!

DID YOU KNOW?

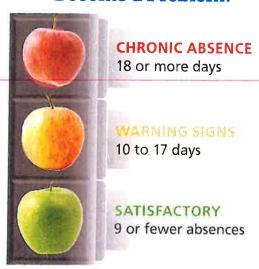
- Starting in kindergarten, too many absences can cause children to fall behind in school.
- Missing 10 percent (or about 18 days) can make it harder to learn to read.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.

Attending school regularly helps children feel better about school—and themselves. Start building this habit in preschool so they learn right away that going to school on time, every day is important. Good attendance will help children do well in high school, college, and at work.

WHAT YOU CAN DO

- Set a regular bed time and morning routine.
- Lay out clothes and pack backpacks the night before.
- Find out what day school starts and make sure your child has the required shots.
- Introduce your child to her teachers and classmates before school starts to help her transition.
- Don't let your child stay home unless she is truly sick. Keep in mind complaints of a stomach ache or headache can be a sign of anxiety and not a reason to stay home.
- If your child seems anxious about going to school, talk to teachers, school counselors, or other parents for advice on how to make her feel comfortable and excited about learning.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Avoid medical appointments and extended trips when school is in session.

When Do Absences Become a Problem?



Note: These numbers assume a 180-day school year.

Spanish Language Immersion

Full-day, public school program for incoming Kindergarten students in the Seaford School District at

Blades Elementary and West Seaford Elementary



Would you like your child to learn how to speak, read, and write fluently in both English and Spanish?

WHY IMMERSION?

Forty years of research proves that immersion provides:

- Functional proficiency in a second language
- NO disadvantage in English academic development
- Improved performance on standardized testing
- Superior awareness of language and how it functions
- Greater cognitive flexibility and problem solving skills
- Increased cultural sensitivity
- Enhanced employment and economic opportunities

Questions? Contact you're the School Principal or call us at

629-4587

CALL TODAY

Class sizes are limited!

Delaware's Immersion Classrooms:

- Offer a rich bilingual experience
- Are open to students of varying backgrounds and abilities
- Consist of two high-quality, creative classrooms: one English and one Spanish
- Include two engaging, qualified teachers: one English-speaking and one Spanish-speaking
- Provide students with rigorous academic content: half the daily content in English, half the daily content in Spanish
- Continue through middle school and high school, allowing students to achieve advanced levels of language ability

WHY SPANISH?

- 2nd most spoken language in the United States
- 4th most important international business language after English
- Official language of 21 countries
- An important language economically for Delaware businesses
- More than 50% of modern-day English words trace their origin to Spanish
- Increasing Spanish-speaking community throughout all Delaware counties

Attendance in the early grades

Chronic absenteeism in kindergarten, and even piek, can predict lower test scores, poor attendance and retention in later grades, especially if the problem persists for more than a year. Do you know how many young children are chronically Many of our youngest students miss 10 percent of the school year—about 18 days a year or just two days every month. absent in your school or community?

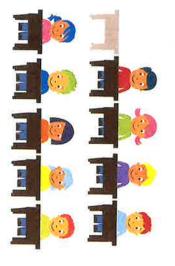


Who is affected

they still add up to lost time in the classroom. high as those in high school. Many of these absences are excused, but Kindergarten and 1st grade classes often have absenteeism rates as

1 in 10 kids

In some schools, it's as high as 1 in 4.1 in kindergarten and 1st grade are chronically absent.



low-income kids 2 in 10

school. They're also academically.1 more likely to suffer miss too much

are chronically

homeless kids

families move.2

absent.2

2.5 in 10

school when miss too much transient kids 4 in 10



Why it matters

good attendance that will carry them into college and careers If children don't show up for school regularly, they miss out on fundamental reading and math skills and the chance to build a habit of

chronically absent in kindergarten and 1st grade were far less likely to Preliminary data from a California study found that children who were read proficiently at the end of 3rd grade.

Who Can Read on Grade Level After 3rd Grade?













What families can do



your child has the required shots. Find out what day school starts and make sure

morning. Build regular routines for bed time and the

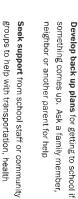


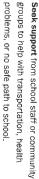




trips when school is in session. Avoid medical appointments and extended

at home. At the end of the week, talk with your child about what you see. Keep a chart recording your child's attendance







Dual Language Immersion Frequently Asked Questions (FAQ)

Office of Teaching, Learning, and Accountability





setting will be selected. If more than one applicant has met the guidelines for placement, a lottery will be held for the opening.

What if my child isn't selected for immersion? Will he be at a disadvantage?

The immersion programs are very limited in number. Unfortunately, there are usually more interested students than there are openings. While this is a wonderful opportunity for students to acquire a second language, the primary mission of the District concerns the academic success of all students. The District is taking great strides to provide a quality education for all students living in Seaford. The teachers in our schools are well-trained and provide an outstanding education for our students.

Are the immersion teachers all certified to teach?

All of our immersion teachers hold a Delaware teaching license in elementary education and world languages; however, they come from a variety of backgrounds. Some of the teachers in the program will have been educated in our local universities and will have graduated with an elementary education and language degree. Others may be international guest teachers from other countries. These teachers have been hand-selected by their respective governments to come to Delaware to teach in our schools. They represent the "best and brightest" these countries have to offer.

How are immersion programs funded? Do they take money away from other programs at the school?

The district funds the immersion classrooms as they fund all classrooms, paying the salary of the teacher and providing teaching space. The immersion classrooms receive the same funding for supplies, books, etc. as do other classrooms in the building. In addition, the immersion programs are given additional funds through money set aside by the Delaware Department of Education. Currently, each school is given \$10,000 per year by the state to fund the program. These monies are used to purchase textbooks, classroom supplies, and other curricular needs.

Are veteran teachers losing their jobs to make room for immersion teachers?

It is not expected that teachers will lose a job because of the addition of an immersion teacher in their school. Every effort is made to ensure a smooth transition as immersion students move from one grade level to the next. Occasionally, a teacher will need to move to a different grade level in order to accommodate the addition of an immersion class to the new grade. All schools, not just those hosting an immersion program, see teachers frequently change grade levels. Principals have the discretion to make these moves for a variety of reasons. In extreme cases, a teacher might be asked to transfer to a different school.

What happens when the immersion students reach junior high? Won't the language classes offered be too easy for them?

As the immersion students enter grade 6, the middle school will provide a continuation of the immersion program. At this time, the Delaware Department of Education is developing the middle school model for students who wish to continue in the immersion program.

Who can participate in the immersion lottery process? Can students entering Grades 1–5 participate in the lottery?

As we roll out the immersion program over the next few years, any Seaford resident or out-of-district resident scheduled to enter Grades K–5 in the following school year may participate in the immersion lottery. For students entering kindergarten, approximately 50 seats are available depending on the program. In future years, admission