Welcome to
Postlethwait Middle School
Counseling Office
2841 South State Street, Camden, DE 19934
Phone: 302-698-8410 Fax: 302-698-8419

REGISTRATION REQUIREMENTS

Proof of Residency in the Caesar Rodney School District You must provide one of the following:

- Mortgage, lease or rental agreement with parent/guardian’s name and address, and current driver’s license.
- Secondary proof of residency (if requested) a current utility bill, (electric, gas, oil, water or sewer bill) with parent/guardian’s name and address along with their current driver’s license.
- Copy of CR School Choice acceptance letter, if not a CR resident
- Is the student and family living with another person/family in the district? If yes, please see below:
  - If living with a friend/relative who leases/rents their home in the CR School District it is required that the parent/guardians name and new enrollees names, be listed as occupants on the lease/rental agreement; in addition, our CR School District Residency Affidavit needs to be signed (by both parties, parent/guardian & rental/lease holder) in front of school administration or registrar with the following information provided:
    - Driver’s License updated to reflect new address (for parent/guardian), current address for rental/lease holder
    - A current bill or piece of mail with parent/guardian name and new address
  - OR -
  - If living with a friend/relative who owns their home in the CR School District, it is required that the new enrollee’s parent/guardian and homeowner complete and sign the CR School District Residency Affidavit in the presence of school administration or registrar. In addition, the following information is required:
    - Homeowner provides mortgage documents with name address listed, current address on license
    - Parent/guardian of new enrollee must provide an updated driver’s license to reflect new address, a
    - A current bill or piece of mail with parent/guardian name and new address

Verification of Student Age.

- Birth certificate
- Passport
- Military ID
- Official School Records

Parent/Legal guardian must accompany student to register.

- Not the parent? Parent/guardians must have current picture ID and must provide “Delaware Legal Guardianship” through the Family Court system paperwork that is signed by a judge.

Information from previous school.

- Withdrawal form and most recent grades
- Immunization Record
- 9th grade students must have a physical dated after Aug. 2015
- Unofficial transcript (10th – 12th grades)
- Report Card showing promotion (8th to 9th)
- Copy of most recent IEP, 504 Plan, Psychological Evaluation, Health Plan (if required)

Please note: If partial documentation is received, and our office has to contact the previous school for pertinent information, the enrollment process cannot proceed until ALL information is obtained. We appreciate your patience.
ENROLLMENT FORM

Student Information

Last Name: ___________________________ First Name: ___________________________ Middle Name: ___________________________

Birth Date: ____________________________ Place of Birth: ____________________________

Grade: _____ Gender: □ Male □ Female Hispanic/Latino Ethnicity: □ Yes □ No

Race: □ American Indian □ Black □ White □ Asian □ Native Hawaiian or Pacific Islander

911 Street Address: ____________________________ Mailing Address: ____________________________

City, State, Zip Code: ____________________________ City, State, Zip Code: ____________________________

Residency Documented By: □ Current Utility Bill(s) □ Mortgage/Lease Agreement □ Other: ____________________________

Home Telephone #: ____________________________ Military Base Housing: □ Yes □ No

Previous School: ____________________________ Retired Military □ Yes □ No

Mailing Address: ____________________________ National Guard □ Yes □ No

School Choice: □ Yes □ No Reserves □ Yes □ No

Resident School: ____________________________ Civil Service* □ Yes □ No

Resident District: ____________________________ Active Duty Military* □ Yes □ No

Special Program Enrollment: □ Special Education □ Speech □ Title I □ Other: ____________________________

*If yes, please indicate department or branch:

Parent/Guardian Information

□ Parent □ Step-Parent □ Foster Parent □ Guardian □ Other

Name: ____________________________

Address: ____________________________

Home Telephone: ____________________________

Date of Birth: M _____ Day _____ Year _____

Employer: ____________________________

Work Telephone: ____________________________

Cellular Telephone: ____________________________

E-Mail Address: ____________________________

Emergency Contact: ____________________________

Emergency Telephone: ____________________________

□ Parent □ Step-Parent □ Foster Parent □ Guardian □ Other

Name: ____________________________

Address: ____________________________

Home Telephone: ____________________________

Date of Birth: M _____ Day _____ Year _____

Employer: ____________________________

Work Telephone: ____________________________

Cellular Telephone: ____________________________

E-Mail Address: ____________________________

Emergency Contact: ____________________________

Emergency Telephone: ____________________________

Siblings in Household Under Age 18:

Name: ____________________________ Age: _____ Grade: _____

Name: ____________________________ Age: _____ Grade: _____

Name: ____________________________ Age: _____ Grade: _____

Please Check One: □ Music □ Band □ Chorus

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**
Migrant Survey

Have you moved across state or school district lines within the last 3 years?
☐ Yes  ☐ No

Have you ever or are you currently seeking employment in agriculture, food processing or in the fisheries?
☐ Yes  ☐ No

Was your move into the school district related to your employment?
☐ Yes  ☐ No

Student lives with*:  ☐ Father  ☐ Mother  ☐ Step-Father  ☐ Step-Mother  ☐ Guardian
*If there are custodial/guardianship restrictions, it will be necessary for you to provide the school with a copy of court records.

For New Kindergarten Enrollments ONLY

1. Did your child attend a preschool or child care program/center in Delaware this past year?
   Circle:  Yes / No

2. If yes, in which county did your child attend the preschool or child care program/center?
   Circle:  New Castle County / Kent County / Sussex County

3. If yes, what was the name of the preschool or child care program/center?
   ____________________________________________

I verify all information presented on this form is factual. I understand that any misinformation regarding residency will result in the termination of this student's enrollment in the Caesar Rodney School District.

It is the responsibility of the parent/guardian to inform the school of any changes in information on this form.

Signature: ________________________________  Date: ____________
Individual Enrolling Student

Relationship to Student:

For Office Use Only

Enrolled By: ________________________________

Student ID: ________________  Records Requested: ____________  Room: ________  Bus: ________

Last State Test Score:  PL Read: ________  PL Math: ________  Grade of Last Test: ____________

Where Educational Excellence Is A Tradition

Reviewed: 02/12/19
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.

<table>
<thead>
<tr>
<th>Student Information</th>
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<tbody>
<tr>
<td>First Name:</td>
<td>Country of birth:</td>
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<tr>
<td>Last Name:</td>
<td>Date of entry in the US:</td>
</tr>
<tr>
<td>Birthdate:</td>
<td>Date student first enrolled in a US school:</td>
</tr>
</tbody>
</table>

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.)

THE DELAWARE DEPARTMENT OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, MARITAL STATUS, DISABILITY, AGE, GENETIC INFORMATION, OR VETERAN’S STATUS IN EMPLOYMENT, OR ITS PROGRAMS AND ACTIVITIES.

Rev. 12.8.17
Dear Parent/Guardian,

In order to serve your child, the District/Charter School is 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:

<table>
<thead>
<tr>
<th>First / Last name</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
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Parent/Guardian:

Address:  Apt. No.  City:  Zip:  

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

District: 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 D3790 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.
CAESAR RODNEY SCHOOL DISTRICT
State of Delaware

Student Identification Information

Student Name _____________________________________________________________________
D.O.B. ___________ Grade ___________
Student ID # ____________________________________________________________________
Student Address ___________________________________________________________________
__________________________________________________________________________________
Telephone _______________________________________________________________________
Disability _______________________________________________________________________

IEP Status

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Most Recent Evaluation Summary Report Date</th>
</tr>
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<tbody>
<tr>
<td>Initiation Date</td>
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<tr>
<td>End Date</td>
<td>Revision Date</td>
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</tbody>
</table>

Participants Attending IEP Team Meeting Of ________________ (Date)

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<tr>
<th>Name</th>
<th>Role</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
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<td>Parent/Guardian/Surrogate</td>
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<td></td>
<td>Student</td>
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<td></td>
<td>General Education Teacher</td>
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<td></td>
<td>Special Education Teacher</td>
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<td></td>
<td>Administrator/Designee</td>
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This form is for use only by staff of the Caesar Rodney School District (Temporary Placement Form) Revised July 2014
Dear Parent or Guardian,

According to Delaware Code, Title 14, section 131; a child is not permitted to enter into school without acceptable evidence of immunization. If your child is a new enterer* to Delaware public schools he or she will not be permitted to enroll without an immunization record. Please see below for children of active duty members of the uniformed services.

Delaware law requires the following for entry to public school. If these items are not provided to the school within 14 CALENDAR DAYS from the date below your child will be denied entry into school.

1. IMMUNIZATIONS:
   - Four (4) or five (5) doses of DPT OR DTAP, or a combination thereof. A fifth dose is not required if the fourth dose is given after the fourth birthday.
   - Three (3) or four (4) doses of the polio (OPV or IPV) vaccine. A fourth dose is not required if the third dose is given after the fourth birthday.
   - Three (3) doses of Hepatitis B vaccine.
   - Two (2) doses of measles, mumps and rubella vaccine, MMR, (first dose after the age of 12 months, second dose after the fourth birthday).
   - Two (2) doses of Varicella (chicken pox), or a written disease history by a licensed healthcare provider.
   - Entering 9th Graders must additionally have 1 dose Tdap (adult booster) and 1 dose meningococcal^2 (In 8/2017 - Grades 9 & 10; in 8/2018 - Grades 9 - 11; 8/2019 - Grades 9 – 12)

2. PHYSICAL EXAM:
   - A physical examination by a physician, nurse practitioner, or physician’s assistant within the last two (2) years for all new enterers. A second health examination is required for all students entering 9th grade. Examinations completed no more than two years prior to entry into 9th grade will be accepted.

3. TUBERCULOSIS SCREENING:
   - Written results from either a TB risk assessment, a Tuberculosis skin test (Mantoux, PPD), or a Quantiferon TB Gold test, within the last twelve (12) months.

4. LEAD TEST:
   - All kindergarten and preschool students must show proof of a blood lead test, completed any time after 1 year of age.

If you enroll your child over the summer, please be aware that if appropriate documentation is not provided for any of the above requirements within 14 days of the date below, the date of exclusion will start on the first day of school.

If your child is transferring to our school from another school in the state of Delaware we assume he or she currently complies with all the above requirements. However, if for any reason your child does not meet all of the above requirements, your student will also have 14 days from the date of this form to comply with regulations.

Military families: Children of active duty members of the uniformed services will have 30 days from the date of enrollment to comply with the above immunization requirements.

All documents should be turned in to the school as soon as possible. BY STATE LAW, FAILURE TO PROVIDE THESE DOCUMENTS WILL RESULT IN EXCLUSION FROM SCHOOL.

* A new enterer is defined as a child entering a Delaware public school for the first time, including but not limited to foreign exchange students, immigrants, students from other states and territories and children entering from non-public schools.

Transferring from: School __________________________, State __________________________, Country __________________________

Please sign below to acknowledge receipt of this information.

_____________________________ __________________________ __________________________
Parent/Guardian Signature Date Student’s Name Grade

Revised 2016 Copy distribution: White/School, Yellow/Parent DCI FORM # SA-292
# Caesar Rodney School District

Postlethwait Middle School
2841 South State Street
Camden, DE 19934-1978
95 10 621  SLC : D280
Phone: 302-698-8410
Fax: 302-698-8419

## Authorization for Release of Information

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Birth date:</th>
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<tbody>
<tr>
<td>Address:</td>
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<tr>
<th>Home Phone :</th>
<th>Other:</th>
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<tbody>
<tr>
<td>Parent/Guardian:</td>
<td></td>
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<tr>
<td>Relationship to Student:</td>
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<td>Address:</td>
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<tr>
<th>Home Phone :</th>
<th>Other:</th>
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I hereby authorize ______________________________________
To disclose the information described below concerning the above named student to be released to the Caesar Rodney School District for the purpose educational programming/planning of the above named student.

The following information may be disclosed/released

<table>
<thead>
<tr>
<th>Any and all records on student</th>
<th>Psychological Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical records</td>
<td>Psychological Evaluations</td>
</tr>
<tr>
<td>Educational Records</td>
<td>Psychiatric Evaluations</td>
</tr>
<tr>
<td>Discipline Records</td>
<td>Speech Therapy Information</td>
</tr>
<tr>
<td>Evaluation Reports</td>
<td>Occupational Therapy Information</td>
</tr>
<tr>
<td>Educational Plans</td>
<td>Physical Therapy Information</td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

I understand that I have the right to revoke this authorization at any time but not retroactive to the release of the information made in good faith. Except to the extent that the Caesar Rodney School District has taken action in reliance on this Authorization, I have the right to revoke this Authorization by giving written notice addressed to Director of Student Services, Caesar Rodney District Office, P.O. Box 188, Wyoming, DE 19934. I understand the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA privacy rule.

Witnessed by:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Parent/Legal Representative*</th>
<th>Date</th>
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</table>

*This authorization is valid from the date signed for the duration of the academic school year unless revoked in writing before that date.

Revised June 2012