



Postlethwait Middle School
2841 South State Street
Camden, DE 19934

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
 _____ Reserves Yes No
 School Choice: Yes No Civil Service* Yes No
 Resident School: _____ Active Duty Military* Yes No
 Resident District: _____ *If yes, please indicate department or branch: _____
 Special Program Enrollment: Special Education Speech Title I Other: _____

Parent/Guardian Information

<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Home Telephone: _____	Home Telephone: _____
Date of Birth: M ____ Day ____ Year ____	Date of Birth: M ____ Day ____ Year ____
Employer: _____	Employer: _____
Work Telephone: _____	Work Telephone: _____
Cellular Telephone: _____	Cellular Telephone: _____
E-Mail Address: _____	E-Mail Address: _____
Emergency Contact: _____	Emergency Contact: _____
Emergency Telephone: _____	Emergency Telephone: _____

Siblings in Household Under Age 18:

Name: _____	Age: _____	Grade: _____
Name: _____	Age: _____	Grade: _____
Name: _____	Age: _____	Grade: _____

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

Band Chorus

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.

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: _____

Individual Enrolling Student

Date: _____

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: _____

Name: _____

Age: _____

Grade: _____

Name: _____

Age: _____

Grade: _____

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

Migrant Survey

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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: _____
Individual Enrolling Student

Date: _____

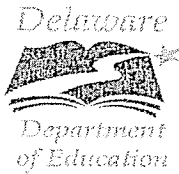
Relationship to Student: _____

For Office Use Only

Enrolled By: _____

Student ID: _____ Records Requested: _____ Room: _____ Bus: _____

Last State Test Score: PL Read: _____ PL Math: _____ Grade of Last Test: _____



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.)

DELAWARE DEPARTMENT OF EDUCATION
 TITLE I, PART C
 Agricultural Work Survey

English/Spanish

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.

CAESAR RODNEY SCHOOL DISTRICT

Temporary IEP

State of Delaware

Student Identification Information

Student Name _____

School _____

D.O.B. _____ Grade _____

School Address _____

Student ID # _____

Student Address _____

School Telephone _____

Parent/Guardian/Surrogate _____

Telephone _____

Disability _____

Address _____

IEP Status

Meeting Date		Most Recent Evaluation Summary Report Date	
Initiation Date		Revision Date	
End Date			

TEMPORARY PLACEMENT DATE: _____	
Admin/Designee	_____
Parent/Guardian	_____
* Within 60 calendar days, a meeting must be held.	

Participants Attending IEP Team Meeting Of _____ (Date)

Name	Role	Signature
	Parent/Guardian/Surrogate	
	Student	
	General Education Teacher	
	Special Education Teacher	
	Administrator/Designee	



F. NIEL POSTLETHWAIT MIDDLE SCHOOL

School Office

Telephone: (302) 698-8410
Fax: (302) 698-8419
Website: www.pms.cr.k12.de.us

2841 S. State Street, Camden, DE 19934

Kristina L. Failing Ed. D. Principal

Michelle E. Sell, M.A., M. Ed. Assistant Principal



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 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 any of these following situations?

- Sharing the housing of other persons due to: (check one)
Loss of housing, economic hardship or a similar reason (example: evicted, lost job, etc.)
Long-term, cooperative living arrangement to save money or a similar reason
Other (please specify):
In a motel, hotel, campground or similar setting due to: (check one)
Lack of alternative adequate accommodations,
In an emergency or transitional shelter such as a domestic violence shelter or a homeless shelter or transitional housing or other shelter
Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans
In a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting
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)
Relative(s), friend(s), or other adults(s) who are not the parent or the legal guardian
Alone with no adults

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

- A. B. C. D.

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 records is an offense under Federal and state laws and enrollment of the child under false documents subjects the person to liability for tuition and other costs.

Printed Name:

Signature: Date: Email:

Address:

Phone Number with Area Code: Emergency contact Phone Number with Area Code:

Caesar Rodney School District Proof of Residency Affidavit

This form is to be completed during the process of registration, if the family does not own or rent in the Caesar Rodney School District; but resides with a friend/relative. Both homeowner and primary person holding the rental agreement must both be present to complete this form. This person holding mortgage or rental agreement will be listed as a primary contact for emergency for the student(s).

If living with a friend/relative who owns or rents their home in the Caesar Rodney School District, it is required that the new enrollee's parent/guardian and homeowner provide the following information:

Homeowner/Rental Requirements:

Homeowner provides mortgage documents with their name and address listed

Delaware License or State ID showing their current address (same as the mortgage or rental agreement)

If CR resident rents their home:

The new enrollee's names must be listed as occupants on the lease/rental agreement

A second proof of residency for the mortgage owner can be required such as a current utility bill: electric, gas, water, sewer (less than 30 days old)

(Proofs of residency will be attached to this form)

New Enrollee Parent/Guardian Requirements:

Driver's License or State ID updated to reflect new address

A current bill or piece of mail (dated within the last 30 days) with parent/guardian name and new address

(Proofs of residency will be attached to this form)

A registration determined to be secured by false, misleading, or deliberate omission of information to establish residency will be considered null and void. Making a false written statement is a class A misdemeanor. See 11 Del. C. §1233. Signers of this document agree that they can be held accountable for the cost of tuition, upwards to \$12,000 per year, if they are found to have used false, misleading, or deliberate omission of information to establish residency in the Caesar Rodney School District.

PARENT/GUARDIAN: _____ Telephone Number _____
(Please print)

STUDENT(S) NAME and SCHOOL

I _____ Telephone Number _____
(Mortgage/Rental Agreement Holder)

certify that the above named individuals reside (Relative/Friend) with me at:

(Address)

and that the above information is true. I have submitted the appropriate documentation as required by the Caesar Rodney School District. I understand that before enrollment can be approved; all documentation must be provided to the school. I further understand that citation for a false address by a non-residency of the District or the attendance area the school serves is a reason for the principal to deny or terminate student's enrollment.

1. _____ Date _____
Signature of Person with Mortgage/Rental Agreement
2. _____ Date _____
Signature of Parent/Guardian
3. _____ Date _____
Signature of District Employee

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 meningococcal² (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 _____

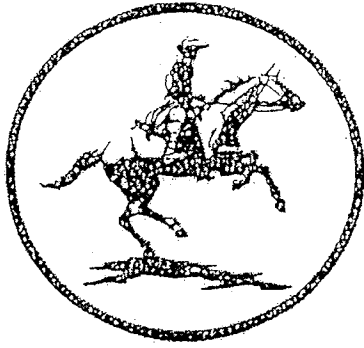
Please sign below to acknowledge receipt of this information.

Parent/Guardian Signature

Date

Student's Name

Grade



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

Student Name:		Birth date:	
Address:			
Home Phone :		Other:	
Parent/Guardian:			
Relationship to Student:			
Address:			
Home Phone :		Other:	

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

Any and all records on student	Psychological Test Results
Medical records	Psychological Evaluations
Educational Records	Psychiatric Evaluations
Discipline Records	Speech Therapy Information
Evaluation Reports	Occupational Therapy Information
Educational Plans	Physical Therapy Information
Other:	Other:

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:

 Name:

 Parent/Legal Representative*

 Date

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