



Caesar Rodney School District

7 Front Street
Wyoming, DE 19934
(302) 698-4800

ENROLLMENT FORM

Student Information

Last Name: _____ First Name: _____ Middle Name: _____
 Birth Date: _____ Place of Birth: _____
 Grade: _____ Male Female Ethnic Origin: American Indian Black Asian Hispanic White
 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: _____ School Choice: Yes No
 Mailing Address: _____ Resident District: _____
 _____ Resident School: _____
 Special Program Enrollment: Special Education Speech Title I Gifted Other: _____

Parent/Guardian Information

Parent Step-Parent Foster Parent Guardian Other
 Name: _____
 Address: _____
 (If different than above)
 Home Telephone: _____
 Date of Birth: M ____ Day ____ Year ____
 Employer: _____
 Work Telephone: _____
 Cellular Telephone: _____
 Pager: _____
 E-Mail Address: _____
 Emergency Contact: _____
 Emergency Telephone: _____

Parent Step-Parent Foster Parent Guardian Other
 Name: _____
 Address: _____
 (If different than above)
 Home Telephone: _____
 Date of Birth: M ____ Day ____ Year ____
 Employer: _____
 Work Telephone: _____
 Cellular Telephone: _____
 Pager: _____
 E-Mail Address: _____
 Emergency Contact: _____
 Emergency Telephone: _____

Siblings in Present Household Under Age 18:

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

PLEASE COMPLETE THE REVERSE SIDE

For Office Use Only

Enrolled By: _____

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

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

Migrant Survey

Has a parent or guardian worked on a farm, in the fields or in a factory with fruits, vegetables or animals? For example: Has a parent or guardian ever worked with watermelons, potatoes, mushrooms, corn, apples, chicken or shellfish?

Yes No

Has your family changed homes in the last three years?

Yes No

Student lives with*: Father Mother Step-Father Step-Mother Guardian

*If there are custodial restrictions/guardianship, it will be necessary for you to provide the school with a copy of court records.

Home Language Survey

A Delaware education policy requires schools to determine the language(s) spoken at home by each student. Your cooperation in helping us meet this important requirement is requested. Thank you for your help.

- Which language did your child learn when he/she first began to talk? _____
- What language does your child most frequently use at home? _____
- What language do you use most frequently to speak to your child? _____
- What language is most often spoken by the adults at home? _____

• If a language other than your own is spoken in school, does your child understand:

Everything Most of what is said Some of what is said Very little of what is said Nothing N/A

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: _____