



Caesar Rodney School District

7 Front Street
Camden Wyoming, Delaware
302-698-4800

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: (Choose one or more) 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

Active Duty Military* Yes No

Resident School: _____

*If yes, please indicate department or branch: _____

Resident District: _____

Special Program Enrollment: Special Education Speech Title I Other: _____

Parent/Guardian Information

Parent Step-Parent Foster Parent Guardian Other

Parent Step-Parent Foster Parent Guardian 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****

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: _____

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: _____