



Indian River School District Registration Packet

Welcome to Indian River School District! We are looking forward to welcoming you and your child(ren) to the District, and we will work diligently to ensure that the best education possible is provided along with a top-notch learning experience! Residents of the school District must register their child at their assigned feeder pattern school. As part of the registration process, a parent or legal guardian is required to visit the school where your child will attend to finalize the registration forms listed below, as well as provide copies of documents listed on the checklist.

Required Forms at Registration:

- Student Registration Form
- Migrant Education Agricultural Work Survey
- Delaware Home Language Survey
- Parental Consent Form for Photographs
- Home Access Center Request Form
- Student Residency Questionnaire

Provided by Parent/Guardian:

- Proof of Residency (current lease, mortgage, or utility bill showing name and address)
- Student's Birth Certificate (or other acceptable means to verify age)
- Photo ID of Parent/Guardian
- Guardianship, Custody or Caregiver papers (only if applicable)
- Proof of Immunizations and Physical to include TB and Lead Blood Test
- Copy of existing IEP/504 Plan (only if applicable)

In order to verify the school your child will attend, go to www.irsd.net, select the Parents/Students tab/ select the Registration tab/ select the DOE School Locator tab and enter you current address.

www.irsd.net



Registration Form
Indian River School District
31 Hosier Street
Selbyville, DE 19975
(302) 436-1000

OFFICE USE ONLY

Proof of Residence _____
Birth Certificate _____
Immunization Record _____
Student ID# _____
Homeroom _____
Entry Date _____

School: _____ Date of Enrollment: _____ Grade: _____

STUDENT INFORMATION

Student Name: _____
(Last) (First) (Middle)

Date of Birth: _____ State of Birth: _____ Female Male

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Ethnic Origin NO, my child is not Hispanic or Latino YES, my child is Hispanic or Latino-a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race

Mailing Address: _____ Physical Address: Same as Mailing Address

Development: _____

Student Phone Number (Over 18 years of age): _____ N/A

FAMILY INFORMATION

Student resides with: Both Parents Father Mother Step Father Step Mother Guardian(s) Relative Caregiver
*Custody Order or Relative Caregiver Affidavit must be attached to registration form – Required prior to attendance

Legal Guardian 1		Legal Guardian 2	
Legal Guardian(s): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Name:	_____		_____
Date of Birth:	_____		_____
Address:	_____		_____
Home phone #:	_____		_____
Cell phone #:	_____		_____
Alert Now phone	_____		_____
Employer name:	_____		_____
Work phone #:	_____		_____
Email Address:	_____		_____

Name, grade, and ages of other children living in the home: _____

(1). Emergency Contact: Name _____ Relationship _____ Phone _____
Address _____

(2). Emergency Contact: Name _____ Relationship: _____ Phone _____
Address: _____

INDIAN RIVER SCHOOL DISTRICT – ENROLLMENT FORM, continued

ACADEMIC INFORMATION

Last School Attended: _____ District: _____
Address: _____
Special Services: Special Education (IEP) Extra Reading/Math Help English as a Second Language
 § 504 Accommodation Plan Speech Other: _____

TRANSPORTATION INFORMATION

Will the student ride a bus? YES NO

BUS PICK UP INFORMATION	BUS DROP OFF INFORMATION
Name: _____	Name: _____
Physical Address: _____	Physical Address: _____
Phone Number: _____	Phone Number: _____

PARENT/GUARDIAN/RELATIVE CAREGIVER VERIFICATION STATEMENT

I/We verify that I/We, am/are the natural / custodial parent(s) legal guardian relative caregiver of _____, who wishes to enroll in the Indian River School District. I/We verify that the student named resides with me/us and that our residence is within the Indian River School District. I/We certify that all the information on this enrollment form is accurate and correct.
Parent/Guardian Signature: _____ Date: _____

CUSTODY / GUARDIANSHIP:

<input type="checkbox"/> At this time, there are NO custody papers	<input type="checkbox"/> I am the custodial parent
<input type="checkbox"/> Paperwork is being processed in the Courts and will be turned in as soon as they are complete.	<input type="checkbox"/> Copies of Court Guardianship papers were turned into the school office
<input type="checkbox"/> Copies of my child's custody papers were turned into the school office	<input type="checkbox"/> I am a Relative to the above named student and have completed a Relative Caregivers packet

FOR ENROLLING PRESCHOOL AND KINDERGARTEN STUDENTS ONLY

PRE-KINDERGARTEN EXPERIENCE

1. Did your child attend a preschool or child care program in Delaware in the past year? YES NO
2. If yes, in which county did your child attend the program? New Castle Kent Sussex
3. If yes, what was the name of the program? _____



**DELAWARE DEPARTMENT OF EDUCATION
TITLE 1, PART C
Agricultural Work Survey**

Dear Parent/Guardian,

In order to serve your child, _____, the Indian River School District 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 within 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 US?

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 check all that apply if you or your husband/wife, or someone in your household has worked with, on, or in a:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Farm | <input type="checkbox"/> Chicken processing plant | <input type="checkbox"/> Dried or dehydrated fruits/spices | <input type="checkbox"/> Plant nursery/greenhouse |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Processing meat/fish | <input type="checkbox"/> Sod farms | <input type="checkbox"/> Tree growing or harvesting |
| <input type="checkbox"/> Ranch | <input type="checkbox"/> Cranberry bogs | <input type="checkbox"/> Meat or food packing plant | <input type="checkbox"/> Food processing |
| <input type="checkbox"/> Cannery | <input type="checkbox"/> Fresh/frozen juices | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Pet food processing |
| <input type="checkbox"/> Chicken house | <input type="checkbox"/> Fishery | <input type="checkbox"/> Planting, picking, or packing fruits, vegetables, seeds, or nuts | <input type="checkbox"/> 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: _____ Date: _____

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 Migrant Education Program Office within 10 days of the student's enrollment by State Mail Code N510 or by U.S. Postal Service to 35 Commerce Way, Suite 1, Dover, DE 19904. A COPY of this form must be retained in the student's file to document compliance with the Title 1, 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: _____ 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.)



PARENTAL CONSENT FORM RELEASE OF CHILD'S PHOTOGRAPH AND OTHER INFORMATION

During each school year, occasions arise when students are photographed or interviewed by local media representatives and school district officials during special events such as assemblies, awards presentations, concerts, sporting events and education-related news reports. For the protection of every student, we seek parental permission prior to a child's photograph and name being published in local newspapers, district press releases, informational pamphlets, the district newsletter, the school district calendar and school and/or district web sites.

Please indicate your preference below and return this form to your child's school. If this form is not returned, it will be implied that permission is NOT granted. This form does not apply to yearbook photos. All students' images will appear in the yearbook unless the parent makes a separate request to the school principal for his/her child's photo to be excluded.

Check one:

- YES**, I grant permission for my child _____ (name) to have his/her photograph taken, to be interviewed by the media and to have his/her name and/or image and likeness published.
- NO**, I do not grant permission for my child _____ to have his/her photograph taken, to be interviewed by the media and/or to have his/her name published.

Parent/Guardian Signature

Date

NOTE: This completed form will be valid for the duration of a student's enrollment in the Indian River School District. A new form must be submitted only if the parent wishes to change the child's permission status.

31 Hosier Street, Selbyville, Delaware 19975 • (302) 436-1000 • Fax (302) 436-1034

The Indian River School District is an Equal Opportunity Employer and does not discriminate or deny services on the basis of race, color, national origin, sex, gender, creed, religion, veteran status, sexual orientation, marital status, citizenship status, pregnancy, age, ancestry, disability, gender identity, genetic information, military status or any other characteristic protected by law.



INDIAN RIVER HOME ACCESS CENTER ACCOUNT

Dear Parent(s)/Guardian(s):

The Indian River School District has offered Home Access Center to families as an online communication tool between the school and home. Home Access Center provides up-to-date attendance, grade, and discipline information for registered families.

I understand that my Home Access Center Account is a complimentary service provided by the state of Delaware. HAC will allow parents and guardians with school authorized accounts and passwords to view limited student information from the eSchoolPLUS database through the internet. I further understand that not all information will be available at all times.

Information:

Parent/Guardian Name: _____

Email Address: _____

Student Name: _____

ID# _____ Grade: _____

School: _____

Parent/Guardian Signature

Date

For Office Use Only

Authorization Date: _____

Access Granted By: _____

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Indian River 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.: _____ Male Female Grade: _____

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', please sign and stop here. You do not need to complete the remainder of form.

Parent Signature: _____ Date: _____



1. Do you live in any of these following situations?

- Sharing the housing of other persons due to: (check one)
- Long-term, cooperative living arrangement to save money or a similar reason
 - Loss of housing, economic hardship or a similar reason (example: evicted, lost job, etc.)
Explain: _____
 - Other (please specify): _____

- In a motel, hotel, sharing housing, campground or similar setting due to: (check one)
- A convenient living arrangement or waiting for apartment or house to be ready
 - Lack of alternative adequate accommodations,
Explain: _____
 - Other (please specify): _____

- In emergency or transitional shelters such as domestic violence shelters or homeless shelters or transitional housing or other shelters or agencies.
- Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans.
- In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- 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) Alone with no adults
- Relative(s), friend(s), or other adults(s) who are not the parent or the legal guardian

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

A. _____ C. _____
B. _____ D. _____

5. I certify and affirm that all of the information on this form is true and correct as of the date I have signed below. I also understand that the Board of Education of the Indian River School will rely upon the truthfulness of the statements set forth in this form in order to expend public funds, and that the failure to report truthfully and accurately is a felony pursuant to 11 Del. Code. 1222 In the event a statement set forth herein is false, I recognize that the Board of Education of the Indian River School District may, in addition to the pursuit of criminal charges, pursue a civil action against anyone making a false statement.

Printed Name: _____ Signature: _____

Address: _____

Phone Number with Area Code: _____

Emergency Contact Phone Number with Area Code: _____



Transportation Policy for Pre-Kindergarten and Kindergarten Students

To provide safe transportation and ensure students of pre-kindergarten and kindergarten age are properly monitored, a parent/guardian or caregiver must follow the procedures below during release at the bus stop:

1. Parent/guardian or caregiver must be at the bus stop. Once the bus comes to a complete stop and the doors are opened, the parent should approach the bus to retrieve his/her child. This way the bus driver can ensure that each pre-kindergarten and kindergarten student has a parent/guardian or caregiver present.
2. The bus driver may ask for the name of the child before releasing him/her. (At the start of school year or if there is a substitute driver)
3. If the parent/guardian has to cross the road after receiving his/her child, he/she must wait for the bus driver's verbal command to cross.
4. Older students will not be permitted to take pre-k or kindergarten students home. A parent/guardian or caregiver must receive the child.

In the event a parent/guardian is not present at the bus stop, the driver is required to notify the school and return children to school at the end of his/her route. School administrators should follow the below matrix to ensure compliance:

- **1st Offense:** A letter will be sent to the parent notifying him/her that the child was returned to school. The parent will be told that this is against district policy to not be present to receive his/her child. It will be explained to the parent that if this continues, transportation services can be discontinued.
- **2nd Offense:** A letter will be sent to the parent notifying him/her that the child was returned to school for a second time. The parent will be told once again that this is against district policy to not be present to receive his/her child. It will be explained to the parent that if this infraction occurs again, a five school day bus suspension will occur.
- **3rd Offense:** A letter will be sent stating that transportation services will be suspended for a period of five school days.
- **4th Offense:** A letter will be sent notifying the parent/guardian that transportation services will be suspended for 30 school days.
- **5th Offense:** Transportation services are terminated for the remainder of the school year.

I acknowledge I have received a copy of the pre-kindergarten and kindergarten transportation requirements.

Parent/ Guardian Signature

Date

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