

Registration hours are 8:00 a.m. – 3:00 p.m. daily, M-F
Please bring all required documents at that time. Thank you!

Welcome to
Fred Fifer III Middle School
Guidance Office

109 East Camden-Wyoming Avenue, Camden-Wyoming, Delaware 19934
Phone: 302.698.403 Fax: 302.697.4961



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 (may be 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

Parent/Legal guardian must accompany student to register.

- Custody arrangements? 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
- Report Card Showing Promotion
- Copy of most recent IEP, 504 Plan
- Psychological Evaluation
- * Immunization Records
- * Health Plan

Please note: The Parent/Guardian must present all required documentation at the time of enrollment. Our office **CANNOT** request records from sending school until the enrollment process has been fully completed. We appreciate your patience.

Fifer Middle School

109 East Camden-Wyoming Avenue, Camden, DE 19934

Phone: (302) 698-8400

Fax: (302) 697-4961

www.k12.de.us/fifer

Permission for Release of School Information

Student: _____ Date of Birth: _____ Current Grade: _____

The above named student is currently seeking enrollment at Fred Fifer III Middle School, having previously attended your school. Please send the following information as applicable to the student:

Cumulative Record
Withdraw grades/Most recent report card
Standardized Test Scores
Health/Medical Records
Special Education Records
Psychological Report
Court/Custody Records

You may mail the above applicable student information to:

UNITED STATES MAIL ADDRESS:

Fred Fifer III Middle School
109 East Camden-Wyoming Avenue
Camden, DE 19934-1978
ATTN: Guidance/Records

STATE MAIL ADDRESS (Delaware Schools):

Caesar Rodney School District
Camden SLC D280
Fred Fifer III Middle School
ATTN: Guidance/Records

Information requested via fax such as withdraw grades, IEP's, or immunization records may be faxed to Fifer Guidance at (302)697-4961

Signature: _____ Date: _____

NOTE: When records are requested by school personnel for a student who has enrolled or who intends to enroll in a school system, parental permission is no longer required (Family Educational Rights and Privacy Act; *Final Rule on Education Records*; Buckley Amendment; Section 99.31; Paragraph b; Federal Register; June 17, 1976; Volume 41, Number 118 Page 24673).

For office use only:

Date records requested: _____

Date records received: _____



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
 _____ Civil Service* Yes No
 School Choice: 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
 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: _____

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.

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: _____

For Office Use Only	Enrolled By: _____
Student ID: _____	Records Requested: _____
Room: _____	Bus: _____
Last DCAS Score: PL Read: _____	PL Math: _____
Grade of Last Test: _____	

Where Educational Excellence Is A Tradition



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.)

Explain: _____

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,

Explain: _____

A convenient living arrangement or waiting for apartment or house to be ready

Other (please specify): _____

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. _____ C. _____

B. _____ 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: _____

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

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 D3708 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.



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.)



All Delaware public schools starting with the 2016 – 2017 school year are required to annually identify enrolled students who are “military-connected youth” pursuant to 14 DE Admin. Code 932, 14 Del.C. Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq. in order to possibly provide your student with additional supports and services if needed.

Please read the following statements and check the appropriate box below.

- If you are a parent or a step-parent, only check the box that specifically applies to you, your duty status and branch of the United States armed forces.
- If you are a parent or a step-parent meeting the definition of box one or two, and there is an immediate family member residing in the same household that meets the definition of box three, then both boxes should be checked.
- If your student is not a “military-connected youth”, please check the fourth box. “Non-Applicable”.

PARENTS OR STEP-PARENTS

“Active Duty” - I am a parent or step-parent who is an “active duty” member of the Armed Forces (United States Army, United States Navy, United States Air Force, United States Marine Corps, or United States Coast Guard) pursuant to 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq.

“Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action” - A parent or step-parent *residing in the same household*, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action, or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 DE Admin. Code 932, 14 Del.C. Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

IMMEDIATE FAMILY MEMBER OR ANY OTHER PERSON RESIDING IN SAME HOUSEHOLD

“Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action” - An immediate family member, including a sibling or any other person *residing in the same household*, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 DE Admin. Code 932, 14 Del.C. Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

NON-APPLICABLE

Student Name: _____

Grade: _____

School Name: _____

Homeroom Teacher Name: _____



Caesar Rodney School District Media Permission Form



Dear Parent/Guardian:

During the 2022-2023 school year, representatives of the media, including local, regional & national newspapers, radio and television may want to interview, photograph and/or videotape your child. The images used of your child may be with another individual or a group of individuals. Your child's name could be used in a story along with any accompanying photographs or videotaped footage.

Also, the Caesar Rodney School District now has the capability of photographing events in and around your child's schools and placing photographs and/or videos on the Caesar Rodney School District website, "The CR Report" quarterly newsletter and the Caesar Rodney School District Facebook, Twitter and Instagram pages where stories and photos of students and staff in our schools are highlighted daily. Videos may also appear on our YouTube channel.

Please complete the section below and return this form to the school office as soon as possible.

PLEASE CHECK ONE:

 I **do** give permission for my child to be interviewed, photographed and/or videotaped by local, regional or national media representatives and employees of the Caesar Rodney School District for use in newsprint, television and radio as well as in district publications, yearbooks, websites, school presentations and social media, such as Facebook, Twitter and Instagram.

 I **do not** give permission for my child to be interviewed, photographed and/or videotaped by media representatives. However, I understand my child may be pictured in a yearbook and/or on CRSD district websites and social media sites, such as Facebook, Instagram and Twitter, and in school presentations.

Please print child's name

Homeroom teacher

Parent/Guardian Signature

Date

Student Name: _____ Birthdate: _____

(Last Name) (First Name) (Middle Initial)

Delaware Department of Education
CONFIDENTIAL TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE
FOR STUDENTS¹

Prior to use of this form, the school nurse must review the student's health record and assure that the student is compliant with the requirements for a current health examination (within past 2 years) and up-to-date immunizations. The questionnaire must be administered by the school nurse to the parent/guardian in person, or by phone, and signed by the person who answered the questions.

Please consider the following questions and circle only ONE response in the box below⁵

Can you answer "yes" to any of the questions below?	
<ol style="list-style-type: none"> Has your child had close contact² with anyone with an active infectious TB disease? Was any household member, including your child, born in or has he/she traveled to area(s) where TB is common? Per the Delaware Division of Public Health, this includes birth, travel or residency in a country with an elevated TB rate for at least 1 month. This includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. Does your child have regular close contact with adults at high risk for TB (e.g. those who are HIV infected, homeless³, incarcerated⁴, and/or illicit drug users)? Does your child have a history of living in a shelter, incarceration, or illicit drug use? Does your child have any health conditions or take any medications that might affect his/her immune system increasing their risk for developing active TB (such as organ transplant recipient, diabetes, chronic renal failure, malnutrition, HIV/AIDS, TNF-alpha antagonists ["biologics"], or steroids [equivalent op prednisone $\geq 2\text{mg/kg/day}$ or $\geq 15\text{mg/day}$ for ≥ 2 weeks)? Has your child ever had a positive test for tuberculosis? 	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

A "yes" response to question 1-6 indicates probable previous exposure to TB, and requires medical follow-up to evaluate medical status.

This child has been screened by his/her school nurse for risk of exposure to tuberculosis. Based upon the results of the TB Risk Assessment Questionnaire the child requires written documentation related to current disease status or a Tuberculosis Test.

TB testing and documentation must be completed and given to the school nurse by ___/___/___ (date) or your child will be excluded from school.

School Nurse Comments: _____

School Nurse (signature): _____ Date: _____

Parent/Guardian (signature): _____ Date: _____

I give permission for the school nurse and my child's primary care physician _____ to share information related to this form.

¹TB assessment is required by Regulation 805, <http://regulations.delaware.gov/AdminCode/title14/800/805>. This questionnaire was developed by the Delaware Department of Education and the Division of Public Health. Revised 7/1/13, 5/2015, 4/2018, 12/2019.

²CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious.

³The term "homeless" means a situation where the person lived in a shelter or with others.

⁴Incarceration should be longer than one week

⁵To maintain confidentiality of medical information, the parent/guardian should not provide an individual answer to each question. The response of "yes" indicates that at least one of the six questions is correct, which means a possible exposure. The parent/guardian should not indicate which one.

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. **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