



INDIAN RIVER SCHOOL DISTRICT Registration Packet

Welcome to the Indian River School District! We are excited to welcome you and your child(ren) to the District. Our commitment is to provide an exceptional education and a high-quality learning experience for every student.

Families residing within the District are required to register their child(ren) at the designated feeder pattern school. As part of the registration process, a parent or legal guardian must visit the school where the child will attend to complete the necessary registration forms and provide the required documents listed on the attached checklist.

REQUIRED DOCUMENTS FOR REGISTRATION PROVIDED BY PARENT:

- ☐ Proof of Residency (current lease, mortgage statement, or utility bill showing the parent/guardian/relative caregiver's name and service address)
- ☐ Student Birth Certificate
- ☐ Photo ID of Parent/Guardian/Relative Caregiver
- ☐ Guardianship, Custody, or Caregiver Papers (if applicable)
- ☐ Proof of Immunizations and Physical, including TB and Lead Blood Test
- ☐ Copy of existing IEP/§504 Plan (if applicable)

REQUIRED DOCUMENTS FOR REGISTRATION PROVIDED BY DISTRICT:

- ☐ Student Registration Form
- ☐ Migrant Education Agricultural Work Survey
- ☐ Delaware Home Language Survey
- ☐ Student Residency Questionnaire

2025-2026 REGISTRATION DOCUMENT

INDIAN RIVER SCHOOL DISTRICT
31 Hosier Street
Selbyville, De 19975
302-436-1000

SCHOOL USE ONLY

- ☐ Proof of Residence
- ☐ Birth Certificate
- ☐ Health Records

Student ID# _____

Homeroom _____

Entry Date _____

SCHOOL:		DATE OF ENROLLMENT:		GRADE:	
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Student Name:					
Date Of Birth:		State Of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				
Ethnic Origin:	<input type="checkbox"/> NO , My child is not Hispanic or Latino <input type="checkbox"/> YES , My child 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.				

Does Your Child Receive any Special Services?

☐ Special Education (IEP) ☐ § 504 Accommodation Plan ☐ Speech ☐ English as a 2nd Language

Are you applying for School Choice at another school? ☐ Yes ☐ No

PREVIOUS SCHOOL INFORMATION:

Last School Attended:			
Last District Attended:			
School Address:			
School Phone Number:		School Fax Number:	

FAMILY INFORMATION

Legal Guardian Name #1:					
Relationship:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Relative Caregiver				
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Primary Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French/Creole <input type="checkbox"/> Other _____
Home Phone:		Cell Phone:		Work Phone:	
Email:					
I wish to receive messages pertaining to emergencies, attendance, behavior and general information on:			<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Phone <input type="checkbox"/> Email		

Legal Guardian Name #2:					
Relationship:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Relative Caregiver				
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Primary Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French/Creole <input type="checkbox"/> Other _____
Home Phone:		Cell Phone:		Work Phone:	
Email:					
I wish to receive messages pertaining to emergencies, attendance, behavior and general information on:			<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Phone <input type="checkbox"/> Email		

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.

CUSTODY/GUARDIANSHIP

- ☐ At this time, there are NO custody papers
- ☐ Custodial paperwork is currently being processed through the Courts and will be provided to the school upon completion.
- ☐ Copies of my student's custody order were provided to the school.

I am the custodial parent
 Copies of official Court Guardianship documents have been filed with the school office.

I am relative to the above-named student and have completed a Relative Caregiver's Affidavit.

PRIMARY ADDRESS:

Address					
City		State		Zip	

This Residence is for: ☐ Legal Guardian #1 ☐ Legal Guardian #2 ☐ Student

SECONDARY ADDRESS (If Guardians do not reside in the same household)

Address					
City		State		Zip	

This Residence is for: ☐ Legal Guardian #1 ☐ Legal Guardian #2 ☐ Student

SIBLINGS: Please enter all siblings, including those not yet school age

Name:		School:		Grade:	
Sibling Resides with:	<input type="checkbox"/> Legal Guardian #1 <input type="checkbox"/> Legal Guardian #2		Age:		
Name:		School:		Grade:	
Sibling Resides with:	<input type="checkbox"/> Legal Guardian #1 <input type="checkbox"/> Legal Guardian #2		Age:		
Name:		School:		Grade:	
Sibling Resides with:	<input type="checkbox"/> Legal Guardian #1 <input type="checkbox"/> Legal Guardian #2		Age:		
Name:		School:		Grade:	
Sibling Resides with:	<input type="checkbox"/> Legal Guardian #1 <input type="checkbox"/> Legal Guardian #2		Age:		

EMERGENCY CONTACTS

Name		Relationship:			
Home Phone:		Cell Phone:		Work Phone:	
Address:					
Name		Relationship:			
Home Phone:		Cell Phone:		Work Phone:	
Address:					
Name		Relationship:			
Home Phone:		Cell Phone:		Work Phone:	
Address:					
Name		Relationship:			
Home Phone:		Cell Phone:		Work Phone:	
Address:					

TRANSPORTATION**Pick-up Location:**

Street Address:					
City:		State:		Zip:	
This address is for a daycare:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of Daycare:		
This address belongs to an Emergency Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of Emergency Contact:		

Drop-off Location:

Street Address:					
City:		State:		Zip:	
This address is for a daycare:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of Daycare:		
This address belongs to an Emergency Contact:	<input type="checkbox"/> Yes	No	Name of Emergency Contact:		

KINDERGARTEN REGISTRATION ONLY

Did your child attend a preschool or child care program in Delaware in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, in which county did your child attend the program?	<input type="checkbox"/> New Castle	<input type="checkbox"/> Kent	<input type="checkbox"/> Sussex
If yes, what the name of the program:			



DEPARTMENT OF EDUCATION

Townsend Building
401 Federal Street Suite 2
Dover, Delaware 19901-3639
DOE WEBSITE: <http://www.doe.k12.de.us>

Mark A. Holodick, 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 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:

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: _____ Date: _____

Address: _____ Apt. No. _____ City: _____ Zip: _____

Phone: _____ Best time to be reached _____ AM / PM Alternate or cell phone number: _____

DISTRICTS: The **ORIGINAL** copies of the survey with "YES" responses for **BOTH** questions 1 and 2 **MUST** be submitted to the Delaware Department of Education **Migrant Education Program Office** within 10 days of the the student's enrollment by **State Mail Code N510** or by U.S. Postal Service to **35 Commerce, 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.



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: _____