



**OFFICE USE ONLY**

Birth Certificate  Proof of Address  Immunizations  Report Card  MKV  504   
ESL  IEP  Guardian ID:  ID #: \_\_\_\_\_ Pre-Reg KN Year: \_\_\_\_\_  
Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ CURR: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Registration Date: \_\_\_\_\_  
Choice to: \_\_\_\_\_ Choice from: \_\_\_\_\_

**Student Registration Form**

**Student Information – Personal**

Last: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
School Year: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Student Ethnicity/Race (Federal Requirement – Both Questions MUST be answered)**

Is the student Hispanic/Latino? *(Defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)*

Choose ONLY one: Yes, Hispanic or Latino  No, NOT Hispanic or Latino

What is the student's race? *(Choose one or more, regardless of ethnicity)*

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

**Student Contact Information**

**Physical 911 Address (No PO Boxes):**

Street Number and Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**Mailing Address/PO Box:**

Street Number and Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
PO Box: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

**Student Information – Educational**

**Previous School**

Name: \_\_\_\_\_  
Street Name and Number: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Is the student transferring from an alternative or special needs school? Yes  No

Has the student been previously homeschooled? Yes  No   
*(If yes, a copy of the DOE homeschool letter and portfolio MUST be provided)*

Is the student currently receiving services for the following? *(If yes, a copy of documentation MUST be provided)*

HHPD  IEP  OT  PT  504  Speech/Language  ESL

Did your child attend a preschool or childcare program in Delaware this past year? Yes  No

If yes, in which county did your child attend the program? New Castle  Kent  Sussex

If yes, what was the name of the program? \_\_\_\_\_

**Student Information – Educational (continued)**

Does the student participate in any special programs (Band, Chorus, Gifted, etc.)? Yes  No

If yes, please list: \_\_\_\_\_

**Parent/Guardian Information**

Are there current custody/other legal documents on file? Yes  No  (if yes, a copy MUST be provided)

**Guardian 1 Information (student MUST reside with this parent/guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Number and Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Guardian 2 Information**

Does the student reside with the parent/guardian? Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Number and Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Alert Now Contact Information** (Alert Now is the School District's automated calling system)

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

**Emergency Contact Information**

**\*\*NOT A PARENT/GUARDIAN LISTED ABOVE\*\***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Number and Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Other Contact Information (if alternative transportation is required, it must be entered here)**

**\*\*Additional Contact/Alternative Transportation Pick up or Drop off (Daycare, Babysitter, Boys & Girls Club, etc.)\*\***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Number and Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Siblings** (Please complete this section, if applicable, so students can be linked under one Home Access Center login)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Resides at Home? Yes  No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Resides at Home? Yes  No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Resides at Home? Yes  No