



OFFICE USE ONLY

Birth Certificate _____ Proof of Address _____ Immunizations _____
Report Card _____ Other Documents _____ Guardian ID: _____
Curriculum: _____ Grade: _____ Homeroom: _____ ID #: _____
Start Date: ___/___/___ Registration Date: ___/___/___

Student Registration Form

Student Information - Personal

Last: _____ First: _____ Middle: _____

Birthdate: _____ Place of Birth: _____ Gender: _____ Current Grade: _____

Ethnicity / Race (Federal Requirement – Both Questions Must Be Answered)

Is this 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 this 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 Information – Educational

Previous School

Name: _____

Street Number and Name: _____ City, State, Zip Code: _____

Telephone Number: _____ Fax: _____

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 _____

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 County/ Kent County/ Sussex County

If yes, what was the name of the program? _____

Does the student participate in any special programs (Band, Chorus, Gifted, etc.)?

If yes, please list: _____

Student Information – Contact

School Messenger Phone Number 1: _____ Phone Number 2: _____

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: _____

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 this parent/guardian? Yes_____ No_____

Name:_____ Relationship:_____

Street Number and Name:_____ Apt #:_____

City, State, Zip Code:_____ Email address:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

Emergency Contact Information

Emergency 1 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)

Other Contact 1 Information / Alternate Transportation Pick Up / Drop Off (Daycare, Babysitter, Boys and Girls Club, etc.)

Name:_____ Relationship:_____

Street Number and Name:_____ Apt #:_____

City, State, Zip Code:_____ Email address:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

Additional Information

Has your family changed homes in the last three years? Yes_____ No_____

Has a parent or guardian worked on a farm, in the fields or in a factory with fruits, vegetables or animals?
(For example, has a parent or guardian ever worked with watermelons, potatoes, mushrooms, corn, apples, chicken or shellfish?) Yes_____ No_____

Are there other children in the family? Yes_____ No_____

Name:_____ Age:_____ Resides at Home? Yes_____ No_____

Name:_____ Age:_____ Resides at Home? Yes_____ No_____

Name:_____ Age:_____ Resides at Home? Yes_____ No_____