

# Delaware Standard Application for Educational Options

“Receiving Local Education Agency” (RLEA) includes: DE Public School Districts (Choice), Charter Schools, Magnet Schools and Vocational-Technical Education Schools

**Enrollment for the 2024 – 2025 School Year**

**Applications Accepted from Monday, November 6, 2023 to Wednesday, January 10, 2024**

**A parent residing within the State of Delaware may seek to enroll that parent’s child in a public school in any school district, charter school, magnet school or vocational-technical school through this application. Any student not currently registered in a public school in the State of Delaware must be registered in their School of Residence before submitting a Delaware Standard Application for Educational Options.**

State Student ID#: _____ RLEA Use Only
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Please Print

1. Are you applying for Kindergarten?  No  Yes

2. School(s) you are applying to in priority order:

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

3. Program Desired (if applicable):

4. Student’s Name:

Last name	First	Middle	Birth Date:
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Sex:

Female  Male

Ethnicity: (optional)

Hispanic or Latino Yes  No

Indicate this student’s race below (optional). Please select at least one race, regardless of ethnicity designation above. More than one response may be checked.

1 American Indian/AK  2 African American  5 Caucasian  6 Asian  7 Native Hawaiian or Other Pacific Islander

5. Parent/Guardian/Relative Caregiver Name: (Please Check Which Telephone Number is Your Preferred Method of Contact)

Last name	First	MI
Street address		
City	State	Zip
<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Work Phone:	<input type="checkbox"/> Cell Phone:
Email address		

Check if above address is different from that on file at school.

6. Resident District and Resident School for 2024-2025 School Year: (Please Enter the Name of the Delaware Public School District and School Attendance Area You Live In)

Resident District:	Resident School:
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7. Present School Information:  Public  Non-Public

Current School (2023-2024 School Year):	Current Grade (2023-2024 School Year):
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8. Is Your Request for an Educational Option Related to Child Care Needs?  No  Yes (see below)

**If YES, you MUST complete the following for your Child Care Provider:**

Last name		First	MI
Street address			
City	State	ZIP	Telephone

9. Please list any brothers or sisters CURRENTLY ATTENDING and EXPECTED TO CONTINUE TO ATTEND the REQUESTED EDUCATIONAL OPTION in Question #2 for the 2024-2025 and 2025-2026 School Years:

Last name		First	MI
Birth Date:	School:	Grade:	

Last name		First	MI
Birth Date:	School:	Grade:	

10. Please check your preferred language for all written correspondence: English  Spanish

11. Is there a custody and/or court order in place for the child for whom this application is being submitted?

No  Yes (see below)

If yes, are you the parent or legal guardian named in the custody and/or court order that can make educational decisions for the child for whom this application is being submitted?

Yes (a copy may be requested by the receiving local education agency)  No

This application provided by the Delaware Department of Education (DDOE) MUST be submitted by the parent of a school age child on or after Monday, November 6, 2023 and on or before Wednesday, January 10, 2024, to the receiving local education agency or the DDOE and to the child’s district of residence for enrollment during the 2024-2025 school year. Charter schools, vocational-technical school districts, and magnet schools may continue to accept applications after the January 10, 2024 deadline to fill remaining availability; however, only applications received by the January 10, 2024 deadline will be included in any lottery held by those institutions. This application provided by the Delaware Department of Education (DDOE) may be submitted by a parent enrolling their child in kindergarten to the receiving district up until the first day of the school year for enrollment in kindergarten during the 2024-2025 school year.

This application provided by the Delaware Department of Education (DDOE) may be submitted by the parent of a school age child after the January 10, 2024, deadline if “good cause” as defined in 14 Del.C., §402(2) exists. The receiving local education agency and district of residence shall accept and consider the application in the same manner as those applications submitted by the deadline. The board of the receiving local education agency shall take action to approve or disapprove the application filed in accordance with the provisions of 14 Del.C., §403(b) no later than 45 days after receipt thereof, unless the application is received prior to a lottery conducted as outlined in a local education agency’s enrollment policy in the case of over-enrollment. Charter schools, vocational-technical school districts, and magnet schools may continue to accept applications after the January 10, 2024 deadline to fill remaining availability.

This application provided by the Delaware Department of Education (DDOE) may be withdrawn by the parent of a school age child any time prior to action taken by the receiving local education agency board. The parent shall give written notice to the board(s) of the receiving local education agency and the child’s district of residence.

**NOTE: Once this application is received, additional information may be requested.**

I certify that I am a current resident of the State of Delaware and that all of the statements on this application made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand and acknowledge that any misstatements or omission of material facts in the application form may result in the rejection of the application form, disqualification from the lottery process if applicable, withdrawal of invitation offer, and/or termination of school choice by the receiving local education agency to which I applied.

Parent/Guardian/Relative Caregiver Signature:	Date:
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RD Use Only			
Date App. Rec’d: _____	Date App. Withdrawn: _____	Date Student Notified: _____	Date Invitation Accepted/Refused: _____
School: _____	Grade: _____	Good Cause App.: _____	

# SMYRNA SCHOOL DISTRICT

## District Policy

Article: 5000 Students

Title: School Choice Guidelines

Policy #: 5109R and 5109F

### SCHOOL CHOICE GUIDELINES

**Policy 5109R**

The State deadline for applying for School Choice for grades 1-12 is 4:00 p.m. on or before the second Wednesday in January. Any applicant who applies for grades 1-12 after the second Wednesday in January, must include with the application a Good Cause Affidavit with letter of explanation, as well as a copy of the most recent report card. The State deadline for kindergarten is up until the first day of the school year.

**REMINDER:** All student applicants must be registered in their district of residence before a Choice application can be accepted by the Smyrna School District.

#### **SCHOOL CHOICE CRITERIA:**

All school Choice applicants must meet the following eligibility criteria before they may be considered for enrollment:

1. **Grades:** All grades to date in all classes/courses on the most recent report card must be passing or better. **A copy of the latest report card must be attached to the application.**
2. **Attendance:** All applicants must have accrued no more than a total of fifteen (15) days of absence during a school year.
3. **Discipline:** No suspension OR expulsion during the 12 months immediately preceding the Choice application.

All special requests must be directed in writing to the attention of the Superintendent.

Approved by Board of Education, December 19, 2012  
Revision Approved by Board of Education, August 21, 2013  
Revision Approved by Board of Education, November 16, 2016  
Revision Approved by Board of Education, March 15, 2017

STUDENT'S NAME \_\_\_\_\_

MOST RECENT SCHOOL ATTENDED \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_

Your signature below indicates that you have answered the following questions truthfully. Upon verification, any discrepancies will result in denial of your child's school Choice application and/or immediate withdrawal from the Smyrna School District. Please **circle** the correct responses below:

- 1. **GRADES:** To date, all of my child's grades in all classes or courses on the most recent report card are passing or better. TRUE FALSE
  
- 2. **ATTENDANCE:** My child has no more than a total of fifteen (15) days of absence at his/her most recent school during a school year. TRUE FALSE
  
- 3. **DISCIPLINE:** My child has not been suspended or expelled during the 12 months immediately preceding this Choice application. TRUE FALSE

*I attest that all of the information contained on this affidavit is true to the best of my knowledge.*

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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