

REGISTRATION CHECKLIST

Dear Parent/Guardian:

Please contact the registrar at the school your student will be attending for enrollment times and availability. Listed below are the items that are required for valid enrollment in the Woodbridge School District.

Required Paperwork

1. Valid Photo ID of parent/legal guardian
2. Child's Social Security Card
3. Student's immunization record (Required by Delaware Law)
 - 5 or more doses of DTaP or TD vaccine
 - 4 doses of IPV or OPV
 - 2 doses of measles, mumps, and rubella
 - 3 doses of Hep B vaccine
 - Current Physical (within 2 years of entry into school)
 - TB Results administered within 12 months of entry
 - Lead blood test
 - 2 doses of Varicella or a written disease history by licensed healthcare provider
4. Student's Birth Certificate
5. Withdraw from previous school
6. Last Report Card of Transcript
7. Student's IEP (if applicable)
8. Student's 504 Plan (if applicable)
9. Custody, guardianship, or caregiver papers (if applicable)

***Two Proofs of District Residency – Parent, legal guardian or relative caregiver of potential student are required to provide TWO proofs of residency. The proofs of address must contain the name and address of the parent, legal guardian, or relative caregiver. Addresses on each proof of residence MUST be the same.**

Two Proofs of Residency within the past 60 days is required.

1. Valid Driver's License or Government issued photo id (must contain residency address)
2. An **original** electric, gas, cable, internet, or landline bill that is within 60 days.
3. Car registration
4. Automobile insurance policy
5. Current voter registration card
6. Rental insurance policy
7. Homeowner's insurance policy
8. Most current year's tax documents
9. Pay check or pay stub (within 60 days)
10. Notarized letter from employer stating the registrant is their employee with the address on file.
11. Two consecutive bank statements prior to date of registration.
12. Official Post Office change of address label on envelope.
13. Official letter from a DE State agency such as DHSS, DFS, Dept. of Labor, etc.
14. Copy of recent month's mortgage statement
15. Copy of home settlement statement
16. Copy of Deed to property
17. Rental Agreement (must be dated within a year)

If living in a Residence of another person:

The parent/legal guardian/relative caregiver must provide **notarized** owner/leaseholder proof of residency at the time of registration by completing the Occupancy Verification Form.

| Woodbridge Early Childhood Education Center | Phillis Wheatley Elementary School | Woodbridge Middle School Grades 6-8 | Woodbridge High School Grades 9-12 |
|--|---------------------------------------|--|---------------------------------------|
| Grades EC-2 | Grades 3-5 | 307 Laws Street | 14712 Woodbridge Rd. |
| P.O. Box 2007 | 48 Church Street | Bridgeville, DE 19933 | Greenwood, DE 19950 |
| Greenwood, DE 19950 | Bridgeville, DE 19933 | 302-337-8289 | 302-232-3333 |
| 302-349-4539 | 302-337-3469 | FAX 337-0631 | FAX 349-0237 |
| FAX 349-1413 | FAX 337-6016 | | |

For Office Use Only: Student Id: _____ Choice? Y / N _____ Resident School: _____

Foster Care: _____
 McKinney-Vento: _____
 Custody Papers: _____
 Caregivers Form: _____

WOODBIDGE SCHOOL DISTRICT

ENROLLMENT FORM

Date of Enrollment: _____ School: _____ Grade: _____

STUDENT INFORMATION

Student's Legal Name: (First, Middle, Last, Suffix)

Gender: M F (Circle One)

Date of Birth:

Place of Birth (City, State)

Social Security #:

Primary Phone# (USED FOR AUTOMATED DIALER) () -

Has student ever attended a DELAWARE public school? Y / N

School Previously Attended:

City: _____ State: _____

ADDRESS INFORMATION

Students Mailing Address:

Student's Physical/911 Address: (Where the student lives)

TRANSPORTATION

Name and Physical Address of AM Pick-Up: (To School)

Name and Physical Address of PM Drop Off: (From School)

Primary Guardian #1 (Enrolling Parent/Guardian)

Relationship to student:

Name:

DOB:

Address:

Home Phone:

Cell Phone:

Where Employed:

Work Phone:

Occupation:

Email Address:

Primary Guardian #2

Relationship to student:

Name:

DOB:

Address:

Home Phone:

Cell Phone:

Where Employed:

Work Phone:

Occupation:

Email Address:

FAMILY INFORMATION

Parents are: Living Together Separated Divorced Single
Child lives with: Both Parents Mother Only Father Only Grandparents Guardian
 Father/Stepmother Mother/Stepfather Relative Foster Parent

Other: _____
(Please be specific)
WHO IS LEGALLY RESPONSIBLE FOR CHILD: _____

Please list other students names that reside with you and are attending Woodbridge School District:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

EMERGENCY INFORMATION

If parents/guardians cannot be reached, who should be contacted in case of an emergency:

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

ADDITIONAL REQUIRED INFORMATION

- Does your child currently receive Special Services? YES or NO If Yes, please check the services:
Speech IEP 504 Plan Reading ESL/ELL Other: _____
 If your child is NOT currently receiving Special Services, has he/she ever received services? Please list services and date dismissed, _____
- Has your student ever been Expelled or in the process of Expulsion? YES or NO If YES, please explain: _____
- Is your student currently on any Academic, Attendance or Disciplinary Contract? YES or NO If YES, please explain: _____

I/We verify that I/We are enrolling our student in the Woodbridge School District and I/We certify that all the information I/We have given on the enrollment form is true and accurate.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____



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: _____



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.)



2019 – 2020 MILITARY-CONNECTED YOUTH STUDENT INFORMATION UPDATE FORM

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: _____

Please return this form to your student’s homeroom teacher on or before Monday, September 16, 2019.

Woodbridge Early Childhood Education Center

P. O. Box 2007
Greenwood, DE 19950
302-349-4539 Fax 302-349-1413
www.wsd.k12.de.us



Kimberly B. Mitchell, Principal
kim.mitchell@wsd.k12.de.us
Dane L. Sears, Assistant Principal
dane.sears@wsd.k12.de.us

Date: _____

I am registering my child, _____, at Woodbridge Elementary School.

_____ I have indicated that there are **no custody papers** concerning my child. In the absence of such papers, I understand that if my child's father/mother comes to school, he/she will be allowed to visit with or pick up my child from school.

_____ There are custody issues and **I will provide court papers within 5 days of registering my child.** In the absence of such papers, I understand that if my child's father/mother comes to school, he/she will be allowed to visit with and/or pick-up my child from school.

Parent/Guardian Signature

Central Administrative Office 16359 Sussex Highway Bridgeville, DE 19933 (302) 337-7990 www.woodbridgeraiders.net

The Woodbridge School District is an equal opportunity employer and does not discriminate or deny services based on race, color, religion, national origin, sex, handicap or age.



DELAWARE DEPARTMENT OF EDUCATION
MIGRANT EDUCATION PROGRAM
Agricultural Work Survey

Dear Parent/ Guardian,

In order to better serve your child, _____, the _____ 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. 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," then you do not need to 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: 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. The ORIGINAL document must be submitted to the Delaware Department of Education Migrant Education Program Office via State mail to Code D370B or by U.S. Postal Service to 401 Federal Street, Suite 2, Dover, DE 19901.

Delaware DOE Kindergarten Registration Questions-
Pre-Kindergarten Experience

1. Did your child attend a preschool or child care program in Delaware this past year?

Circle: Yes / No

2. If yes, in which county did your child attend the program?

Circle: Sussex County / Kent County / New Castle County

3. If yes, what was the name of the program?

Thank you!

DELAWARE EMERGENCY TREATMENT CARD

Student Name: _____ Birth Date: _____
Last Name First Name

Grade: _____ Teacher: _____

Resides with: Mother Father Other: _____ *Custody papers on file, if applicable*

Mother/Guardian Information:

| | | |
|-----------------|-------------|----------------|
| Name: | Home Phone: | Date of Birth: |
| Street Address: | | |
| City: | Zip: | Email: |
| Cell Phone: | Employer: | Work Phone: |

Father/Guardian Information:

| | | |
|-----------------|-------------|----------------|
| Name: | Home Phone: | Date of Birth: |
| Street Address: | | |
| City: | Zip: | Email: |
| Cell Phone: | Employer: | Work Phone: |

If Parents/Guardians cannot be reached, call:

| Name | Relationship | Daytime Phone | Home Phone |
|------|--------------|---------------|------------|
| 1. | | | |
| 2. | | | |

Student Health Information: Please ✓ and fill out the appropriate information below.

Student has a **CURRENT** medical diagnosis of: None ADHD Allergies Diabetes Seizures
 Asthma Other

Student's Medications: None

Daily Medicine _____

As Needed Medicine _____

Student has an allergy to: No Allergies Food Medicine Other

List Allergy(ies) _____ Is Allergy(ies) life threatening? Yes No

→ PLEASE ✓ **Medical Insurance:** Yes No If yes: Private Medicaid

I give permission for my child to have the appropriate dose of Tylenol (Acetaminophen), Advil (Ibuprofen), an antacid or other over the counter medications (OTC) as determined by and at the discretion of the nurse.

→ PLEASE ✓ Yes No

I verify that all of the above information is correct. This information may be shared with school personnel on a "need to know" basis.

→→ PLEASE SIGN: PARENT/GUARDIAN SIGNATURE: _____ Date: _____

SCHOOL EMERGENCY PROCEDURES

Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies, the school will seek immediate medical care.

In case of emergency and/or need of medical/hospital care:

1. The school will call the home. If there is no answer,
2. The school will call the father's, mother's or guardian's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians or physician until one is reached.

Family Physician: _____ Phone # _____ Date of Last Exam _____

Family Dentist: _____ Phone # _____ Date of Last Exam _____

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

PARENT/GUARDIAN SIGNATURE

Date

→
→

Please check (✓) if your child has had difficulty with any of the following. Give dates and additional information under comments.

- | | | | |
|--------------------------------------|---|-------------------------------------|--|
| 1. <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Body Piercing/Tattoo | <input type="checkbox"/> Emotional | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bone/Spine | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Heart | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Infections | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney | <input type="checkbox"/> Vision |
| <input type="checkbox"/> OTHER _____ | | | |

Comments: _____

2. Has your child had any illnesses since school ended in June?
NO YES Type of illness, with date(s) _____
3. Has your child had surgery since school ended in June?
NO YES Type of surgery, with date(s) _____
4. Has your child received any immunizations since school ended in June?
NO YES Type of immunizations, with date(s) _____
5. Has your child ever been examined by an eye doctor?
NO YES Date of last exam _____
NO YES Glasses Prescribed _____
6. Has your child had any emotional upsets (recent move, death, separation, divorce) since school ended in June?
NO YES Please list: _____