BRANDYWINE SCHOOL DISTRICT STUDENT REGISTRATION FORM

Registering Party to provide Photo Identification

****Registering Party MUST list student's legal name as it appears on his/her Birth Certificate****

Student Name _____
Last First Middle

Birth Record _____ **Grade Entering** _____ ☐ **Male** ☐ **Female**
Month / Day / Year

Student Social Security # (Optional) _____

(This information is used only for identifying purposes in the event that there is another student by the same name that was registered in a public school in the State of Delaware).

1. What is the student's ethnicity?

☐ Hispanic / Latino ***Or*** ☐ Not Hispanic / Latino *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).*

2. What is the student's race? (Answer one or more races to indicate what the student considers himself/herself to be):

☐ American Indian or Alaska Native *(A person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment).*

☐ Asian *(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam).*

☐ Black or African American *(A person having origins in any of the Black racial groups of Africa).*

☐ Native Hawaiian or Other Pacific Islander *(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).*

☐ White *(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).*

3. Has your child attended a Pre-School program? ☐ **No** ☐ **Yes: # of Years:** _____

4. Have you moved across state or school district lines within the past three years? ..... ☐ **No** ☐ **Yes**

5. Does your child receive special education services? ..... ☐ **No** ☐ **Yes**

5a. If Yes: Do you have a copy of the I.E.P. to submit at registration? ..... ☐ **No** ☐ **Yes**

6. Does your child have any physical limitations? ..... ☐ **No** ☐ **Yes**

7. Does your child have any learning problems? ..... ☐ **No** ☐ **Yes**

8. Does your child have a 504 Plan? ..... ☐ **No** ☐ **Yes**

9. Is your child in a special program other than special education? ☐ Remedial Math ☐ Reading ☐ Speech ☐ Gifted

10. SIBLING INFORMATION

Names of Brothers / Sisters	Age	Grade

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11. STUDENT LIVES WITH? **NAME** **Date of Birth** (mm/dd/yyyy)

Mother ☐ No ☐ Yes _____ _____

Father ☐ No ☐ Yes _____ _____

Legal Guardian ☐ No ☐ Yes _____ _____

12. PARENT, LEGAL GUARDIAN, STEP-PARENT, AND EMERGENCY CONTACT INFORMATION:

Mother's Address: _____

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

Emergency Phone: _____ **E-mail:** _____

Father's Address: _____

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

Emergency Phone: _____ **E-mail:** _____

Legal Guardian's Address: _____

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

Emergency Phone: _____ **E-mail:** _____

Step-Parent's Name: _____ **Spouse Of/Lives With:** ☐ **Mother** ☐ **Father**

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

Emergency Phone: _____ **E-mail:** _____

Emergency Contact's Name: _____

Address: _____

Emergency Phone: _____ **Alternate Phone/E-Mail:** _____

13. CHILDCARE/DAYCARE/BEFORE AND AFTER-CARE INFORMATION:

Provider Name: _____ **Provider Phone Number:** _____

Provider Address: _____

14. IF TRANSFERRING FROM ANOTHER SCHOOL, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of Previous School: _____ **District:** _____

School Address: _____

Number & Street City State Zip

PLEASE SIGN:

X **Parent/Guardian Signature** _____ **Date** _____

Printed Name of Parent/Guardian _____

Making a false written statement is a Class A Misdemeanor. (11 Del. C. 1953, § 1233; 58 Del. Laws, c. 497, § 1: 67 Del. Laws, c. 130, § 8.)