



REGISTRATION CHECKLIST – Documents Required for Registering a Student

STUDENT DOCUMENTATION:

- Birth Certificate *(Must be the original)*
- Social Security # *(Optional. A Child's SS # is used to identify a student in the event that there is another student by the same name registered in a public school in Delaware)*
- Final/Most Recent Report Card
- Health Records *(Physical Exam within past 2 years; TB risk-assessment and (PreK/KN) lead screen & immunization records)*
- IEP (Individualized Education Program) or 504 Plan *(If applicable)*

PARENT / LEGAL GUARDIAN DOCUMENTATION:

- Photo Identification *(MUST be a state-issued driver's license or state-issued ID card)*
- Proofs of Residence *(Parent or legal guardian of school enterers are required to provide TWO proofs of residency. The proofs of address must contain the name and address of the parent or legal guardian. Addresses on each proof of residence MUST be the same).*

Group A. Proof of Home Ownership or Lease Agreement (one of the below items must be provided)

- Mortgage statement *(Recent – Within past 30 days)*
- Home settlement statement *(Used if home was recently purchased and a mortgage statement has not been received)*
- Copy of the Deed to the property *(Used if the property is paid off)*
- Rental Agreement *(Signed by landlord/leasing office & parent/legal guardian. Parent/legal guardian must be listed as an occupant)*

Group B. Proof of residency (one of the below items must be provided):

- An original utility bill within the past 60 days *(Utility bills are gas, electric, cable, internet or landline bills. May NOT be a copy)*
- Pay check or pay stub *(Must be a recent pay check or pay stub)*
- Notarized letter from employer *(stating that the registrant is their employee and what address they have on file)*
- Estate tax receipt
- Two consecutive month's bank statements prior to date of registration *(New accounts will not be accepted)*
- Car registration
- Automobile insurance policy
- Most current year's tax documents
- Change of address label on envelope *(Must be the official Post Office notification; normally a yellow sticker on the outside of the envelope by the old address)*
- Official letter from a DE State agency such as DHSS, DFS, Dept. of Labor, YRS, TANF, etc.

* If Living in a Residence of Another Person - NOT a Rental Property:

The residence must be the primary residence of the homeowner. The owner of the residence must accompany the parent/legal guardian at the time of registration and present a DE Driver's License or State ID for identifying purposes and the information requested as proof of residence, as stated above.

- Both parties must complete the Verification of Multiple Occupancy and Owner Verification of Multiple Occupancy stipulating that the registering parent/legal guardian lives in the residence of the homeowner.
- Within 30 days – the parent/legal guardian of the student(s), who are residing with the homeowner, must present **two** items from Group B.

* If Living in a RENTAL Residence of Another Person:

The residence must be the primary residence of the leaseholder. The leaseholder must accompany the parent/legal guardian at the time of registration and present a DE Driver's License or State ID for identifying purposes and the information requested as proof of residence, as stated above. All handwritten leases and non-apartment complex leases must have a contact number and will be verified by district personnel prior to enrollment.

- **Option 1:** The leaseholder may add the registering parent/legal guardian onto their lease agreement. Within 30 days – the parent/legal guardian of the student(s), who are residing with the leaseholder, must present **two** items from Group B.
- **Option 2:** If the names of the registering parent/legal guardian are **not** on the leaseholder's lease agreement, a Landlord Verification from the apartment complex/landlord must be completed and notarized attesting to the fact that the registering parent/legal guardian are in residence. Within 30 days – the parent/legal guardian of the student(s), who are residing with the leaseholder, must present **two** items from Group B.

OTHER DOCUMENTS (If Applicable):

- Custody/Legal Guardianship Documents *(Required if registering party is not listed on the student's birth certificate)*
- Verification of Multiple Occupancy Form *(If living in the non-rental residence of another person; to be completed by parent/legal guardian & notarized)*
- Owner Verification of Multiple Occupancy Form *(If living in the non-rental residence of another person; to be completed by homeowner & notarized)*
- Landlord Verification Form *(If living in the rental residence of another person; to be completed by landlord/leasing office & notarized)*



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: _____



AUTHORIZATION AND VERIFICATION AGREEMENT

I, _____ do hereby give the Brandywine School District
(Printed Name of Parent/Legal Guardian)

authorization to contact any / all of the following to verify residency, dependency, and authenticity of information given on any / all student information documents bearing my signature. This authorization will remain valid and active for the duration of my child's enrollment in the Brandywine School District.

- | | | |
|---|-----------------------------|-----------------------------|
| 1. Current Landlord/Agent or Homeowner | 4. Welfare Agency | 7. Bureau of Motor Vehicles |
| 2. Previous Landlord/Agent or Homeowner | 5. US Postal Service | |
| 3. Employer | 6. Internal Revenue Service | |

This authorization is relative to the registration of the following student(s) in the Brandywine School District:

_____	_____
Name of child being registered	Name of child being registered
_____	_____
Name of child being registered	Name of child being registered

TO BE COMPLETED IN FRONT OF BSD REGISTRATION PERSONNEL:

_____	_____
PRINTED Name of Parent/Legal Guardian	Parent/Legal Guardian's Date of Birth
_____	_____
Parent/Legal Guardian Daytime Phone	Parent/Legal Guardian Evening Phone
_____	_____
SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE

VERIFIED BY:

_____	_____
Printed Name of BSD Employee	Title of BSD Employee
_____	_____
Signature of BSD Employee	Date

PARENT/LEGAL GUARDIAN ID TYPE USED:

License #: _____ State ID #: _____ Other: _____

State-Issued Driver's License, State-Issued ID Card, or other Approved Photo Identification must be used to verify the registering party - copy to be made and attached to this form.



PARENTAL REGISTRATION STATEMENT

Registering Party must list the student's LEGAL NAME as it appears on his/her Birth Certificate

Student Name: _____
Last First Middle

Date of Birth: _____ Grade Entering: _____
Month / Day / Year

Parent/Legal Guardian's Name: _____
Last First M.I.

Your Relation to This Student:

- Mother Father
- Legal Guardian District Approved Relative Caregiver
(Copy of Final Court Order MUST be attached) (District Approved Caregiver Affidavit MUST be attached)

Student Resides with:

- Mother Father
- Legal Guardian District Approved Relative Caregiver
(Copy of Final Court Order MUST be attached) (District Approved Caregiver Affidavit MUST be attached)

Legal Custody/Guardianship as It Pertains to This Student:

- Legal custody/guardianship agreement is NOT in effect.
- Legal custody/guardianship agreement IS in effect and I have been granted:
 - Sole custody
 - 50/50 custody, with neither parent being awarded Primary Residency
 - Shared custody, with _____ being awarded Primary Residency
(Relation to Student)

Please Complete the Following:

I hereby swear or affirm that my child was was not previously suspended or expelled, or is is not presently suspended or expelled from any public or private school in the State of Delaware or any other state for an act or offense involving weapons, alcohol and/or drugs or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to any state penalties regarding falsification of information.



PARENTAL REGISTRATION STATEMENT (CONTINUED)

If this student has been or is presently suspended or expelled from another school, please complete:

Name of school from which student was suspended or expelled

Dates of suspension or expulsion

Address of school from which student was suspended or expelled

Reason for suspension/expulsion:

TO BE COMPLETED BY THE REGISTERING PARENT/LEGAL GUARDIAN:

By signing this Parental Registration Statement I understand that if I am making false statements I:

- Am subject to a minimum civil penalty of \$1,000 and maximum of the average annual per student education cost
- May be required to reimburse the school district tuition costs
- May be subject to criminal prosecution

On this day, the _____ day of _____, 20____ :
(Day) (Month) (Year)

I, _____ do declare, certify and state under penalty
Printed Name of Registering Party

of perjury that the foregoing statements are true and correct to the best of my knowledge.

Signature of Registering Parent/Legal Guardian

Date

Making a false written statement is a Class A Misdemeanor. 11 Del. C. §1233.



CONSENT FORM – PHOTO/FILM/INTERVIEW

From time to time, the Brandywine School District receives requests from the media to publicize its educational programs and student activities. In addition, your student's teacher and/or district officials appreciate the opportunity to photograph, quote, and videotape our students for use in district/school newsletters, calendar, website, social media, and other promotional or training/education materials. We ask for your consent to allow your student(s) to participate if and when this should happen.

I hereby authorize the Brandywine School District to photograph, videotape, or film my student, or permit the media to photograph, videotape, or interview him or her. I also authorize permission for the Brandywine School District to use statements, endorsements and/or comments about the programs, services, conditions and personnel associated with my student's experience with the Brandywine School District.

I understand and agree that the Brandywine School District and its employees will bear no responsibility for the content of any news media coverage in which such filmed interview, film, videotape, or photograph may be used.

Student Name: _____
Last First Middle

Student Date of Birth: _____
Month / Day / Year

Parent/Legal Guardian's Name: _____
Last First M.I.

SELECT ONE OF THE BELOW:

I GIVE CONSENT TO THIS REQUEST

I DO NOT GIVE CONSENT TO THIS REQUEST

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE



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) 733-4000
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 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.)

**DELAWARE DEPARTMENT OF EDUCATION
TITLE I, PART C
Agricultural Work Survey**

Dear Parent/ Guardian,

Date: _____

In order to serve your child, _____, the _____ District/Charter School is
(Insert District/Charter School Name)
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 with in the Department of Education and will be used for planning purposes only. 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," do not 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: The ORIGINAL document must be submitted to the Delaware Department of Education Title I, Part C Office within 10 days of the student's enrollment by State Mail Code D370B or by U.S. Postal Service to 401 Federal Street, Suite 2, Dover, DE 19901. 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.

Estimado Padre/Madre o Adulto responsable del estudiante,

Fecha: _____

Con el fin de servir mejor a su niño, _____, el distrito escolar _____
(Insert District/Charter School Name)

está asistiendo al estado de Delaware a identificar estudiantes elegibles para recibir beneficios y apoyos. La información proporcionada es confidencial y será utilizada por el Departamento de Educación para fines de planeación únicamente. Por favor, conteste las siguientes preguntas y devuelva este formulario a la escuela de su hijo.

1. ¿En los últimos 3 años, su familia se ha cambiado de: a) un *distrito escolar* a otro; b) un estado a otro; c) otro país a Estados Unidos?

_____ SÍ _____ NO

Si es "NO", no complete el resto de esta encuesta. Si es "SI", por favor continúe.

2. ¿El motivo de este cambio ha sido por buscar o aceptar un empleo en una actividad agrícola o de pesca, o en alguna de las actividades enlistadas abajo? Conteste aunque tenga otro tipo de trabajo actualmente.

_____ SÍ _____ NO

Si es "SI", por favor marque todo lo que corresponda si usted, su esposo/a u otro miembro del hogar ha trabajado en/con:

- | | | | |
|-------------------------|------------------------|--------------------------------|--------------------------------|
| Granja | Rastro/ Carnicería | Cultivar Césped | Invernadero |
| Lechería | Procesar carne/pescado | Empacar carne/alimentos | Plantar y cultivar árboles |
| Rancho | Cultivo de Arandanos | Granja de Hongos | Procesar alimentos |
| Enlatadora | Jugo Fresco/Congelado | Plantar, pizar o empacar | Procesar limento para mascota |
| Gallineros | Pescado y Marisco | frutas, vegetales, semillas, o | Desyerbar o preparar el terren |
| Planta de Pollo/Pollera | Frutas secas/especias | nueces | para plantar |

Favor de anotar otro trabajo/actividad agrícola o de pesca que usted, su esposo/a u otro miembro del hogar haya realizado:

Anote todos los niños y jóvenes entre **3-21 años de edad** en el hogar, incluyendo los que no asisten a la escuela:

Nombre y Apellido	Fecha de Nacimiento	Edad	Grado	Escuela

Padre/Madre o Adulto responsable del estudiante: _____

Dirección: _____ Ciudad _____

Zip _____ Teléfono: _____ Hora disponible: _____ AM / PM Otro núm. de teléfono _____

DISTRICTS: The ORIGINAL document must be submitted to the Delaware Department of Education Title I, Part C Office within 10 days of the student's enrollment by State Mail Code D370B or by U.S. Postal Service to 401 Federal Street, Suite 2, Dover, DE 19901. 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.



2018 – 2019 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 17, 2018.

