



**BRANDYWINE SCHOOL DISTRICT**  
**CHANGE OF RESIDENCE – NOTIFICATION FORM**

DATE RECEIVED BY SCHOOL

Parent/Legal Guardian Name: \_\_\_\_\_  
Last Name First Name M.I.

\_\_\_\_\_ New Home Phone New Work Phone New Cell Phone

Your Relation to Below Student(s):  Mother  Father  Legal Guardian  District Approved Relative Caregiver

Student(s) Reside(s) With?  Mother  Father  Legal Guardian  District Approved Relative Caregiver

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/s)

New Address: \_\_\_\_\_  
 \_\_\_\_\_

Date of Move: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YY

| <u>Name(s) of Enrolled Student(s)</u> | <u>Date of Birth</u> | <u>Current School</u> | <u>Grade</u> |
|---------------------------------------|----------------------|-----------------------|--------------|
| _____                                 | _____                | _____                 | _____        |
| _____                                 | _____                | _____                 | _____        |
| _____                                 | _____                | _____                 | _____        |
| _____                                 | _____                | _____                 | _____        |

I wish for my child/children to remain enrolled in their current school(s)

I wish for my child/children to attend our new resident feeder school(s)

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

**DOCUMENTATION REQUIRED TO BE SUBMITTED WITH THIS FORM:**

- Updated Proofs of Residence (See Page 2 of This Form)
- Student Registration Form (One Per Child)
- Current Court Order (If Custody/Guardianship Agreement is in Effect – Must be the Final Court Order)
- Authorization and Verification Agreement Form
- Good Cause Choice Application (If Applicable – One Per Child)
- Relative Caregiver Affidavit (If Caregiver Status Has Been Approved by Brandywine School District Office)





## ACCEPTABLE PROOF OF RESIDENCE FOR THE BRANDYWINE SCHOOL DISTRICT

Parents/legal guardians of school enterers are required to provide **TWO** proofs of residency. The proofs of residence must contain the name and address of the registering parent(s)/legal guardian(s). Addresses on each proof of residence **MUST** be the same.

### You Must Submit ONE Proof of Residence From EACH Group:

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

- Copy of a recent month's mortgage statement
- Copy of home settlement statement (*Used if home was recently purchased and a mortgage statement has not yet been received*)
- Copy of the Deed to the property (*Used if the property is paid off*)
- Rental Agreement (*Signed & showing legal parent, legal guardian, or relative caregiver as an occupant*)

#### **Group B. Second 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*)
- Car registration
- Automobile insurance policy
- Current voter registration card
- Rental insurance policy
- Homeowner's insurance policy
- Estate tax receipt
- Most current year's tax documents
- 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
- Two consecutive month's bank statements prior to date of registration (*New accounts will not be accepted*)
- 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.

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#### **\* 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 *Parent 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.



**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**

| <u>Names of Brothers / Sisters</u> | <u>Age</u> | <u>Grade</u> |
|------------------------------------|------------|--------------|
| _____                              | _____      | _____        |
| _____                              | _____      | _____        |
| _____                              | _____      | _____        |
| _____                              | _____      | _____        |

**BRANDYWINE SCHOOL DISTRICT STUDENT REGISTRATION FORM**

**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:**



**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.)*



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

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.*





# 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 2018 – 2019 School Year

Applications Accepted from Monday, November 6, 2017 to Wednesday, January 10, 2018

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

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: |
|-----------|-------|--------|-------------|

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 2018-2019 School Year: (Please Enter the Name of the Delaware Public School District and School Attendance Area You Live In)

|                    |                  |
|--------------------|------------------|
| Resident District: | Resident School: |
|--------------------|------------------|

7. Present School Information:  Public  Non-Public

|                                           |                                          |
|-------------------------------------------|------------------------------------------|
| Current School (2017 – 2018 School Year): | Current Grade (2017 – 2018 School Year): |
|-------------------------------------------|------------------------------------------|

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 2017 – 2018 and 2018 – 2019 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, 2017 and on or before Wednesday, January 10, 2018, to the receiving local education agency or the DDOE and to the child’s district of residence for enrollment during the 2018 – 2019 school year. Charter schools, vocational-technical school districts, and magnet schools may continue to accept applications after the January 10, 2018 deadline to fill remaining availability; however, only applications received by the January 10, 2018 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 2018 – 2019 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, 2018, 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, 2018 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: |
|-----------------------------------------------|-------|

|                        |                            |                              |                                         |
|------------------------|----------------------------|------------------------------|-----------------------------------------|
| <b>RD Use Only</b>     |                            |                              |                                         |
| Date App. Rec’d: _____ | Date App. Withdrawn: _____ | Date Student Notified: _____ | Date Invitation Accepted/Refused: _____ |
| School: _____          | Grade: _____               | Good Cause App.: _____       |                                         |

# School Choice Program: 2018-2019

## Good Cause Addendum

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### TITLE 14

#### Education

#### Free Public Schools

### CHAPTER 4. SCHOOL DISTRICT ENROLLMENT CHOICE PROGRAM

#### § 402 Definitions.

For the purposes of this chapter, the following terms shall have the following meanings:

(2) "Good cause" shall mean a change in a child's residence due to a change in family residence, a change in the state in which the family residence is located, a change in a child's parent's marital status, a change caused by a guardianship proceeding, placement of a child in foster care, adoption, participation by a child in a foreign exchange program, a reported and recorded instance of "bullying" against their child as defined in § 4112D of this title, or participation by a child in a substance abuse or mental health treatment program, or a set of circumstances consistent with this definition of "good cause."

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Applications submitted after the second Wednesday in January (January 10, 2018) shall be accepted and considered *if good cause exists for the failure to meet the deadline.*

***In order for your child's Choice Application to be completed and processed, supporting documentation to verify your good cause reason must be submitted within 30 days of the submission of your School Choice Application to the School Choice Office.***

#### **Please check one of the below reasons for Good Cause:**

**Change in Location of the Family Residence**

*(Required documentation includes two (2) proofs of new residence. EG: A signed copy of the lease, settlement statement or mortgage statement, and a current utility bill).*

**Date of move:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**Change in Parents' Marital Status**  
*(Attach supporting documentation and date of change)*

**Change in Legal Guardianship**  
*(Attach final court order)*

**Placement in Foster Care**  
*(Attach supporting documentation and date of change)*

**Adoption**  
*(Attach supporting documentation and date of change)*

**Student's Participation in a Foreign Exchange Program**  
*(Attach supporting documentation and date)*

**Student's Participation in a Substance Abuse or Mental Health Treatment Program**  
*(Attach a letter from your child's psychiatrist/psychologist/therapist with their medical recommendation)*

**A Reported and Recorded Instance of "Bullying"**  
*(Attach documentation of incidents and attempts to resolve the issue)*

**Similar Circumstances**  
*(You must attach a signed letter from a parent/guardian to explain in detail the reason for the failure to meet the state-regulated deadline)*

**This form must accompany any School Choice Program Application that is submitted after January 10, 2018.**

