

Cape Henlopen School District - Enrollment Form

Date of Enrollment: _____ School: _____ Grade: _____

Student Information:

Student Name: _____
(Last) (First) (Middle)

Birthdate: _____ Sex: Male Female State of Birth: _____

Ethnic Origin: _____
1. American Indian or Alaskan Native
2. Black, not Hispanic origin Home Telephone #: _____
3. Asian or Pacific Island
4. Hispanic
5. White, not Hispanic origin

Address (including development name if applicable): _____

Directions to home: _____

Will your child ride the bus to school? _____

Health Concerns:

Is child taking any medications or do you have health concerns we should be aware of:

Family Information:

Legal Guardian's Name: _____

Relationship to Child: _____ (ex. mother, aunt, etc.)

If child is not living with biological parents (mother and father), custody order or Relative Caregiver Affidavit must be attached to registration form. (Required prior to attendance).

Employment Information:

Father/Guardian Place of Employment: _____ Telephone: _____

Mother/Guardian Place of Employment: _____ Telephone: _____

Emergency Contact Name: _____ Telephone: _____

Other children living in the home:

Academic Information:

Is student receiving any special service: (CHECK IF RECEIVING SERVICES)

- Special Education: _____ (Please include IEP with registration) §504 Accommodation Plan _____
- Other Services:
Speech _____ Extra Reading/Math Help _____ Other _____
English as a Second Language Program _____

Last School Attended - Name: _____

Address: _____

District: _____ Phone Number: _____

Office Use: (Staff initial that documents were received.)

*Birth certificate _____ Report Card _____ Bulletin _____

*Immunization Record _____ Sp. Ed. Info _____ Transportation _____

*Proof of Residency _____ Schedule _____ Delsis No: _____

Custody Order _____ Cafeteria _____ Records Request _____ Fax _____ Mail _____

Bus # _____ Nurse _____ Relative Caregiver Affidavit _____

Student ID # _____ Records Received _____

***Required prior to attendance**

**Cape Henlopen School District
Pre-Registration**

Residency Verification

Student Name: _____ Grade to Enter _____

Parent/Guardian Name: _____

Address: _____ Phone: _____

In order for a student (under the age of 18) to attend school in the Cape Henlopen School District, the student must:

1. Reside with a natural, custodial parent within the Cape Henlopen School District.
--OR--
2. Reside with a legal guardian within the Cape Henlopen School District.
(Documentation from Family Court is required) -OR-
3. Reside with a primary relative caregiver within the Cape Henlopen School District.
(Must present complete, notarized form.)

Parent/Guardian Identification Verification:
Driver's License #: _____ State: _____
Proof of District Residency may be required (utility bill, mortgage/rental lease, county tax bill)

The Delaware Department of Education requires the following questions be answered:

1. Have you moved across state or school district lines within the last three years?	Yes _____	No _____
2. Have you ever or are you currently seeking employment in agriculture, food processing, or in the fisheries?	Yes _____	No _____
3. Was your move into the school district related to your employment?	Yes _____	No _____

1. Which language did your son or daughter learn when he or she first began to talk?	_____
2. What language does your son or daughter most frequently use at home?	_____
3. What language do you use most frequently to speak to your son or daughter?	_____
4. Name the language most often spoken by the adults at home:	_____

Parent/Guardian/Relative Caregiver Verification Statement

I /we verify that I /we, am/are the
_____ natural, custodial parent
_____ legal guardian
_____ relative caregiver

of _____, who wishes to enroll in the Cape Henlopen School District.
I /we verify that the student named resides with me/us and that our residence is within the Cape Henlopen School District. I /we certify that all the information above and on the enrollment form is accurate and correct.

Signature Date Signature Date