



Indian River School District Registration Packet

Welcome to the Indian River School District! We are looking forward to welcoming you and your child(ren) to the District, and we will work diligently to ensure that the best education possible is provided along with a top-notch learning experience! Residence of the school district must register their child at their assigned feeder pattern school. As part of the registration process, a parent or legal guardian is required to visit the school where your child will attend to finalize the registration forms listed below, as well as provide copies of the documents listed on the checklist.

Required Forms at Registration:

Student Registration Form

Migrant Education Agricultural Work Survey

Delaware Home Language Survey

Parental Consent Form for Photographs

Home Access Center Request Form

Student Residency Questionnaire

Hand Sanitizer Use Consent Form

Provided by Parent/Guardian:

Proof of Residency (current lease, mortgage, or utility bill showing name and address)

Student's Birth Certificate

Photo ID of Parent/Guardian

Guardianship, Custody or Caregiver papers (only if applicable)

Proof of Immunizations and Physical to include TB and Lead Blood Test

Copy of existing IEP/504 Plan (only if applicable)

In order to verify the school your child will attend, go to www.irsd.net, select the Parents/Students tab/ select the Registration tab/ select the DOE School Locator tab and enter you current address.

www.irsd.net



Registration Form
 Indian River School District
 31 Hosier Street
 Selbyville, DE 19975
 (302) 436-1000

OFFICE USE ONLY

Proof of Residence _____
 Birth Certificate _____
 Immunization Record _____
 Student ID# _____
 Homeroom _____
 Entry Date _____

School: _____ Date of Enrollment: _____ Grade: _____

STUDENT INFORMATION

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

Date of Birth: _____ State of Birth: _____ Female Male
Select all that apply

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Ethnic Origin: NO, my child is not Hispanic or Latino YES, my child is Hispanic or Latino-a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race

Mailing Address: _____ Physical Address: Same as Mailing Address

Development: _____

Student Phone Number (Over 18 years of age): _____ N/A

FAMILY INFORMATION

Student resides with: Both Parents Father Mother Step Father Step Mother Guardian(s) Relative Caregiver
 *Custody Order or Relative Caregiver Affidavit must be attached to registration form – Required prior to attendance

Legal Guardian(s):	Legal Guardian 1					Legal Guardian 2				
	Father	Mother	Step Parent	Guardian	Other	Father	Mother	Step Parent	Guardian	Other
Name:	_____					_____				
Date of Birth:	_____					_____				
Address:	_____					_____				
Home phone #:	_____					_____				
Cell phone #:	_____					_____				
Alert Now phone	_____					_____				
Employer name:	_____					_____				
Work phone #:	_____					_____				
Email Address:	_____					_____				
Name, grade, and ages of other children living in the home: _____										
(1). Emergency Contact: Name _____ Relationship _____ Phone _____ Address _____										
(2). Emergency Contact: Name _____ Relationship: _____ Phone _____ Address: _____										

INDIAN RIVER SCHOOL DISTRICT – ENROLLMENT FORM, continued

ACADEMIC INFORMATION

Last School Attended: _____	District: _____		
Address: _____			
Special Services:	Special Education (IEP)	Extra Reading/Math Help	English as a Second Language
	§ 504 Accommodation Plan	Speech	Other: _____

TRANSPORTATION INFORMATION

Will the student ride a bus? YES NO	
BUS PICK UP INFORMATION	BUS DROP OFF INFORMATION
Name: _____	Name: _____
Physical Address: _____	Physical Address: _____
Phone Number: _____	Phone Number: _____

PARENT/GUARDIAN/RELATIVE CAREGIVER VERIFICATION STATEMENT

I/We verify that I/We, am/are the natural / custodial parent(s) legal guardian relative caregiver
of _____, who wishes to enroll in the Indian River School District. I/We verify
that the student named resides with me/us and that our residence is within the Indian River School District. I/We certify that all the
information on this enrollment form is accurate and correct.

Parent/Guardian Signature: _____ Date: _____

CUSTODY / GUARDIANSHIP:

At this time, there are NO custody papers Paperwork is being processed in the Courts and will be turned in as soon as they are complete. Copies of my child's custody papers were turned into the school office	I am the custodial parent Copies of Court Guardianship papers were turned into the school office I am a Relative to the above named student and have completed a Relative Caregivers packet
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FOR ENROLLING PRESCHOOL AND KINDERGARTEN STUDENTS ONLY

PRE-KINDERGARTEN EXPERIENCE

1. Did your child attend a preschool or child care program in Delaware in the past year? YES NO
2. If yes, in which county did your child attend the program? New Castle Kent Sussex
3. If yes, what was the name of the program? _____



**DELAWARE DEPARTMENT OF EDUCATION
TITLE 1, PART C
Agricultural Work Survey**

Dear Parent/Guardian,

In order to serve your child, _____, the Indian River 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 within 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 US?

_____ 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 check 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: _____ Date: _____

Address: _____ Apt. No. _____ City: _____ Zip: _____

Phone: _____ Best time to be reached _____ AM / PM Alternate or cell phone number: _____

DISTRICTS: The **ORIGINAL** copies of the survey with **"YES"** responses for **BOTH** questions 1 and 2 **MUST** be submitted to the Delaware Department of Education **Migrant Education Program Office** within 10 days of the the student's enrollment by **State Mal Code N510** or by U.S. Postal Service to **35 Commerce, Suite 1, Dover, DE 19904**. A **COPY** of this form must be retained in the student's file to document compliance with the Title 1, Part C federal program requirements.



DEPARTMENT OF EDUCATION

Townsend Building
401 Federal Street Suite 2
Dover, Delaware 19901-3639
DOE WEBSITE: <http://www.doe.k12.de.us>

Mark A. Holodick, 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.)



PARENTAL CONSENT FORM RELEASE OF CHILD'S PHOTOGRAPH AND OTHER INFORMATION

During each school year, occasions arise when students are photographed or interviewed by local media representatives and school district officials during special events such as assemblies, awards presentations, concerts, sporting events and education-related news reports. For the protection of every student, we seek parental permission prior to a child's photograph and name being published in local newspapers, district press releases, informational pamphlets, the district newsletter, the school district calendar and school and/or district web sites.

Please indicate your preference below and return this form to your child's school. If this form is not returned, it will be implied that permission is NOT granted. This form does not apply to yearbook photos. All students' images will appear in the yearbook unless the parent makes a separate request to the school principal for his/her child's photo to be excluded.

Check one:

YES, I grant permission for my child _____ (name) to have his/her photograph taken, to be interviewed by the media and to have his/her name and/or image and likeness published.

NO, I do not grant permission for my child _____ to have his/her photograph taken, to be interviewed by the media and/or to have his/her name published.

Parent/Guardian Signature

Date

NOTE: This completed form will be valid for the duration of a student's enrollment in the Indian River School District. A new form must be submitted only if the parent wishes to change the child's permission status.

31 Hosier Street, Selbyville, Delaware 19975 • (302) 436-1000 • Fax (302) 436-1034

The Indian River School District is an Equal Opportunity Employer and does not discriminate or deny services on the basis of race, color, national origin, sex, gender, creed, religion, veteran status, sexual orientation, marital status, citizenship status, pregnancy, age, ancestry, disability, gender identity, genetic information, military status or any other characteristic protected by law.



INDIAN RIVER HOME ACCESS CENTER ACCOUNT

Dear Parent(s)/Guardian(s):

The Indian River School District has offered Home Access Center to families as an online communication tool between the school and home. Home Access Center provides up-to-date attendance, grade, and discipline information for registered families.

I understand that my Home Access Center Account is a complimentary service provided by the state of Delaware. HAC will allow parents and guardians with school authorized accounts and passwords to view limited student information from the eSchoolPLUS database through the internet. I further understand that not all information will be available at all times.

Information:

Parent/Guardian Name: _____

Email Address: _____

Student Name: _____

ID# _____ Grade: _____

School: _____

Parent/Guardian Signature

Date

For Office Use Only

Authorization Date: _____

Access Granted By: _____

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Indian River 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: _____ Male Female Grade: _____

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'**, please sign and stop here. You do not need to complete the remainder of form.

Parent Signature: _____ Date: _____



1. Do you live in any of these following situations?

Sharing the housing of other persons due to: (check one)

Long-term, cooperative living arrangement to save money or a similar reason

Loss of housing, economic hardship or a similar reason (example: evicted, lost job, etc.)

Explain: _____

Other (please specify): _____

In a motel, hotel, sharing housing, campground or similar setting due to: (check one)

A convenient living arrangement or waiting for apartment or house to be ready

Lack of alternative adequate accommodations,

Explain: _____

Other (please specify): _____

In emergency or transitional shelters such as domestic violence shelters or homeless shelters or transitional housing or other shelters or agencies.

Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans.

In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings

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) Alone with no adults

Relative(s), friend(s), or other adults(s) who are not the parent or the legal guardian

4. Please list the name and ages of any children living with you that you have guardianship of:

A. _____ C. _____

B. _____ D. _____

5. I certify and affirm that all of the information on this form is true and correct as of the date I have signed below. I also understand that the Board of Education of the Indian River School will rely upon the truthfulness of the statements set forth in this form in order to expend public funds, and that the failure to report truthfully and accurately is a felony pursuant to 11 Del. Code. 1222 In the event a statement set forth herein is false, I recognize that the Board of Education of the Indian River School District may, in addition to the pursuit of criminal charges, pursue a civil action against anyone making a false statement.

Printed Name: _____ Signature: _____

Address: _____

Phone Number with Area Code: _____

Emergency Contact Phone Number with Area Code: _____

INDIAN RIVER SCHOOL DISTRICT

“A Model of Excellence”



Jay F. Owens, Jr. Ed.D.
Superintendent

Karen T. Blannard
Assistant Superintendent

HAND SANITIZER USE CONSENT

Dear Parent/Guardian:

As we begin the 2022-2023 school year, the Indian River School District is committed to ensuring the safety and well-being of our students and faculty.

Part of the plan is to ensure that hand sanitizer stations are available for use in various settings across the school. In accordance with the Center for Disease Control guidance, we have to use alcohol based hand sanitizer that contains at least 60% alcohol in order for it to be effective with the COVID-19 virus.

Please note that if this form is not returned, it will be implied that permission is granted.

If you have any questions or concerns regarding this consent form, please contact the administration or school nurse at your building for assistance. Please check the appropriate statement below with your preference for use of hand sanitizer. As always, we appreciate your commitment to a continued partnership to ensure the safety and well-being of our students and faculty.

Sincerely,
Indian River School District

Name of Student: _____

_____ Yes, my child has my permission to use hand sanitizer in the school building.

_____ Yes, my child has my permission to use hand sanitizer in the school building, but will require assistance with the use of hand sanitizer.

_____ No, my child DOES NOT have my permission to use hand sanitizer in the school building. If your choice is based upon any allergies, please make sure the school nurse is made aware of your child's allergy.

Note: This completed form will be valid for the duration of the student's enrollment in the IRSD. A new form must be submitted only if the parent/guardian wishes to change the child's permission status.

Parent/Guardian Signature _____ Date _____

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