



CAPE HENLOPEN SCHOOL DISTRICT – ENROLLMENT FORM

School: _____ Date of Enrollment: _____ Grade: _____

STUDENT INFORMATION

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

Date of Birth: _____ State of Birth: _____ Female Male

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: _____

Home/Primary phone # _____

Will the student ride a bus to school: NO YES, where from/to: AM: _____ PM: _____

HEALTH CONCERNS: Does the student take any medication(s) or have health concerns we should be aware of? NO YES

If yes, please explain: _____

McKinney-Vento Eligibility: * Is the student/family in a temporary living arrangement? NO YES
* If "yes", is the temporary living arrangement due to loss of housing or economic hardship? NO YES
* Is the student in foster care? NO YES

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): Father Mother Step Parent Guardian Other Father Mother Step Parent Guardian Other

Name: _____

Address: _____

Home phone #: _____

Cell phone #: _____

Employer: _____

Work phone #: _____

Email Address: _____

Name & ages of other children living in the home: _____

Emerg. Contacts: _____

Emerg. Phone #: _____

CAPE HENLOPEN 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: _____

RESIDENCY VERIFICATION

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

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

- Reside with a natural, custodial parent within the Cape Henlopen School District -OR-
- Reside with a legal guardian within the Cape Henlopen School District (Documentation from Family Court is required) –OR-
- 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 is required: Current mortgage/rental lease, current utility bill (water, electric, gas), Notarized District Form

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 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 on this enrollment form is accurate and correct.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CUSTODY / GUARDIANSHIP:

- | | |
|---|---|
| <input type="checkbox"/> At this time, there are NO custody papers | <input type="checkbox"/> I am the custodial parent |
| <input type="checkbox"/> Paperwork is being processed in the Courts and will be turned in as soon as they are complete. | <input type="checkbox"/> Copies of Court Guardianship papers were turned into the school office |
| <input type="checkbox"/> Copies of my child's custody papers were turned into the school office | <input type="checkbox"/> I am a Relative to the above named student and have completed a Relative Caregivers packet |

OFFICE USE (Staff initial that documents were received)

*Birth Certificate _____	Bus # _____	Student ID # _____
*Immunizations Record _____	Report Card _____	Records Requested _____ Fax _____ Mail _____ Rcv'd _____
*Proof of Residency _____	Special Ed. Info _____	Cafeteria _____ Nurse _____ Transportation _____
Custody Order _____	Schedule _____	

***Required prior to attendance unless requesting services under McKinney-Vento Act. If McKinney-Vento services are requested, contact Visiting Teacher / Homeless Liaison**