

**WELCOME TO SMYRNA ELEMENTARY**  
**121 S. School Lane**  
**Smyrna, DE 19977**



Here are some useful bits of information...

**Principal:** Mrs. Cynthia McNatt  
**Associate Principal:** Mrs. Leslie Gregory

**Office phone number:** (302) 653-8588  
**Our fax number:** (302) 653-3411

**Secretaries:** Missy Wilson- Registration Administration Assistant  
(Melissa.wilson@smyrna.k12.de.us)  
Stefanie Harmon- Financial Administration Assistant

**Nurse:** Mrs. Michele Bonsignore MSN, RN  
**Her phone number:** (302) 659-6286  
(302) 653-3417

**Bus/Transportation Supervisor:** Mr. Kent Robinson  
**Her phone number:** (302) 653-3142

**\*\*You will receive information from her in the summer regarding which bus your child will ride\*\***

In the summer, you will receive a letter from your child's teacher along with a materials list.  
The first day of school is **Tuesday, September 6, 2022**

We look forward to seeing you in the fall. Have a wonderful summer!

**Summer Hours are: 8:00am to 4:00pm M-Thurs**

**Newly registered students will not be permitted to start until the following information has been received and verified:**

- Birth Certificate
- Proof of address (phone bill, cable bill, lease, rental or mortgage agreement/statement)
- Current physical and Tuberculosis Assessment
- Required immunizations
- Guardians I.D.
- **IF you are registering for KN for the upcoming fall school year- See Developmental Screening information form enclosed**

**Unique living arrangements (multiple occupancy, for example) may require additional documentation**



**OFFICE USE ONLY**

Birth Certificate \_\_\_\_\_ Proof of Address \_\_\_\_\_ Immunizations \_\_\_\_\_  
Report Card \_\_\_\_\_ Other Documents \_\_\_\_\_ Guardian ID: \_\_\_\_\_  
Curriculum: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ ID #: \_\_\_\_\_  
Start Date: \_\_\_/\_\_\_/\_\_\_ Registration Date: \_\_\_/\_\_\_/\_\_\_

**Student Registration Form**

**Student Information - Personal**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Ethnicity / Race (Federal Requirement – Both Questions Must Be Answered)**

Is this student Hispanic/Latino? (Defined as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)

Choose only one: Yes, Hispanic or Latino  No, NOT Hispanic or Latino

What is this student's race? (Choose one or more, regardless of ethnicity)

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

**Student Information – Educational**

**Previous School**

Name: \_\_\_\_\_

Street Number and Name: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Is the student transferring from an alternative or special needs school? Yes  No

Has the student been previously homeschooled? Yes  No

(if yes, a copy of the DOE homeschool letter and portfolio MUST be provided)

Is the student currently receiving services for the following? (If yes, a copy of documentation MUST be provided)

HHPD  IEP  OT  PT  504  Speech/Language

Did your child attend a preschool or childcare program in Delaware this past year? Yes  No

If yes, in which county did your child attend the program?  New Castle County /  Kent County /  Sussex County

If yes, what was the name of the program? \_\_\_\_\_

Does the student participate in any special programs (Band, Chorus, Gifted, etc.)?

If yes, please list: \_\_\_\_\_

**Student Information – Contact**

School Messenger Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

**Physical 911 Address (NO PO Boxes):**

Street Number and Name: \_\_\_\_\_ Apt #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Mailing Address / PO Box:**

Street Number and Name: \_\_\_\_\_ Apt #: \_\_\_\_\_ PO Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Parent / Guardian Information**

Are there current custody/other legal documents on file? Yes  No  (if yes, a copy MUST be provided)

**Guardian 1 Information (student MUST reside with this parent/guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Number and Name: \_\_\_\_\_ Apt #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Guardian 2 Information** Does the student reside with this parent/guardian? Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Number and Name: \_\_\_\_\_ Apt #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact Information**

**Emergency 1 Information - \*NOT A PARENT / GUARDIAN LISTED ABOVE**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Number and Name: \_\_\_\_\_ Apt #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Other Contact Information (if alternative transportation is required, it must be entered here )**

**Other Contact 1 Information / Alternate Transportation Pick Up / Drop Off (Daycare, Babysitter, Boys and Girls Club, etc.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Number and Name: \_\_\_\_\_ Apt #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Additional Information**

Has your family changed homes in the last three years? Yes  No

Has a parent or guardian worked on a farm, in the fields or in a factory with fruits, vegetables or animals?  
(For example, has a parent or guardian worked with watermelons, potatoes, mushrooms, corn, apples, chicken or shellfish?) Yes  No

Are there other children in the family? Yes  No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Resides at Home? Yes  No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Resides at Home? Yes  No

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Resides at Home? Yes  No

## Developmental Screenings

A Developmental Screening offers a snapshot of a child's current abilities across developmental domains (communication, fine motor, gross motor, problem solving, personal-social, and social-emotional). The results help determine if a child is developing skills as expected, or if there may be a concern regarding development within a specific domain.

Please complete both the **ASQ-3** and the **ASQ:SE-2** questionnaires at the following link:

<https://www.asqonline.com/family/480053>

1. Choose the top option: **"I am completing both the ASQ-3 and ASQ:SE-2 questionnaires."**
2. Enter the child's information. Type in the name of the school your child will attend for kindergarten when asked: **"Where does your child attend child care?"**

Following completion, results will be shared with families via email and/or phone.

If you need assistance completing the forms online, or would prefer to fill out paper copies, please contact Carissa Stevens at [Carissa.stevens@smyrna.k12.de.us](mailto:Carissa.stevens@smyrna.k12.de.us) or 302-659-6287.



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Mrs. Cynthia McNatt, Principal  
Mrs. Leslie Gregory, Associate Principal

302-653-8588 (Office)  
302-653-3411 (Fax)

"Students are not permitted to have medication of any kind with them at school. If it is necessary for your child to receive medication during the school day, the medication must be brought to the school by a responsible adult. The medication must be in the original container properly labeled with the correct name, time, dose and date (Pharmacy prescription). Over-the-counter medications may be brought in and left for your student in the nurse's office to use on an as needed basis." - Smyrna Elementary School Student/ Parent Handbook, p. 12

"Students with medication: All medications are to be delivered to the school nurse by a parent/guardian, in their original containers at the beginning of the day. Any student with medication (pills, cough syrup, etc.) not turned in to the nurse will be subject to disciplinary action,"  
- Smyrna Elementary School Student/ Parent Handbook, p. 21

**THIS INCLUDES OVER-THE-COUNTER MEDICATIONS LIKE  
COUGH DROPS.**

These guidelines are designed for the entire student body safety and well-being, while remaining available for special arrangements for individuals as needed.

# DELAWARE STUDENT HEALTH FORM – CHILDREN

## PreK- Grade 6

To be completed by licensed healthcare provider:

Physician (MD or DO), Clinical Nurse Specialist (APN), Advanced Practice Nurse (APN), or Physician's Assistant (PA)

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) and your health care provider (Parts I, II, and III). All students in Delaware public schools must provide documentation of current immunizations. Additionally, a current (within 2 years) health examination is required upon school entry.

### Talk with your health care provider about important issues<sup>1</sup> regarding your child, such as:

- School (readiness or adaptation, after school, parent-teacher communication, maturity, performance, special services)
- Mental and Physical Activity (healthy weight, well-balanced diet, physical activity, limited screen time)
- Emotional Well-Being (family time, social interactions, self-esteem, resolving conflicts, friends)
- Physical Growth & Development (dental care, healthy eating, puberty)
- Injury & Illness Prevention & Safety (seat belt or booster seat, bicycle safety, swimming, abuse protection, guns, fire safety, supervision, sunscreen, internet, infection, disaster planning)
- Immunizations

### Immunizations Required for Newly Enrolled Students at Delaware Schools

#### KINDERGARTEN<sup>2</sup>:

- DTaP/DTP: 4 or more doses. If the 4<sup>th</sup> dose was prior to the 4<sup>th</sup> birthday, a 5<sup>th</sup> dose is required.
- Polio: 3 or more doses. If the 3<sup>rd</sup> dose was prior to the 4<sup>th</sup> birthday, a 4<sup>th</sup> dose is required.
- MMR<sup>3</sup>: 2 doses. The 1<sup>st</sup> dose should be given on or after the 1<sup>st</sup> birthday. The 2<sup>nd</sup> dose should be given after the 4<sup>th</sup> birthday.
- Hep B<sup>3</sup>: 3 doses.
- Varicella<sup>4</sup>: 2 doses. The 1<sup>st</sup> dose should be given on or after the 1<sup>st</sup> birthday and the 2<sup>nd</sup> dose after the 4<sup>th</sup> birthday.

#### GRADES 1-6:

- DTaP/DTP: 4 or more doses. If the 4<sup>th</sup> dose was prior to the 4<sup>th</sup> birthday, a 5<sup>th</sup> dose is required. Students who start the series at age 7 or older only need a total of 3 doses. A booster dose of Td or Tdap is recommended by the Division of Public Health for all students at age 11 or five years after the last DTaP, DTP, or DT dose was administered –whichever is later.
- Polio: 3 or more doses. If the 3<sup>rd</sup> dose was prior to the 4<sup>th</sup> birthday, a 4<sup>th</sup> dose is required.
- MMR<sup>3</sup>: 2 doses. The 1<sup>st</sup> dose should be given on or after the 1<sup>st</sup> birthday. The 2<sup>nd</sup> dose should be given after the 4<sup>th</sup> birthday.
- Hep B<sup>3</sup>: 3 doses. For children 11 to 15 years old, two doses of a vaccine approved by CDC may be used.
- Varicella<sup>4</sup>: 2 doses. The 1<sup>st</sup> dose must be given on or after the 1<sup>st</sup> birthday and the 2<sup>nd</sup> dose after the 4<sup>th</sup> birthday.

### Immunizations Strongly Recommended by the Delaware Division of Public Health

- Influenza (seasonal) vaccine: each year for all children (6 months and up).
- Tetanus-Diphtheria-Pertussis (Tdap): booster at age 11 or five years after the last dose
- Meningococcal (MCV4): all children at 11 or 12 years, and a booster dose at age 16
- Human papillomavirus vaccine (HPV): all girls and boys (ages 11 or 12)
- Pneumococcal vaccine (PCV13): children with specific risk factors
- Pneumococcal vaccine (PPSV): certain high risk groups
- Hepatitis A: unvaccinated children who are or will be at increased risk

<sup>1</sup> Clinicians refer to: Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, (3<sup>rd</sup> ed.) AAP, 2008

<sup>2</sup> Children who enter school prior to age four shall follow current Delaware Division of Public Health recommendations.

<sup>3</sup> Disease histories for measles, rubella, mumps and Hepatitis B will not be accepted unless serologically confirmed.

<sup>4</sup> Varicella disease history must be verified by a health care provider to be exempted from vaccination.

**PART I – HEALTH HISTORY**

*To be completed by parent/guardian prior to exam  
The healthcare provider should review and provide comments in the last column.*

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_ Examiner: \_\_\_\_\_

	PARENT		HEALTHCARE PROVIDER COMMENT
	Yes	No	
Developmental delay (speech, ambulation, other)?			
Serious injury or illness?			
Medication?			
Hospitalizations?			
When?                      What for?			
Surgery? (List all)			
When?                      What for?			
Ear/Hearing problems?			
Heart problems/Shortness of breath?	Yes	No	
Heart murmur/High blood pressure?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No	
Allergies (food, insect, other)?	Yes	No	
Family history of sudden death before age 50?	Yes	No	
Child wakes during the night coughing?	Yes	No	
Diagnosis of asthma?	Yes	No	
Blood disorders (hemophilia, sickle cell, other) ?	Yes	No	
Excessive weight gain or loss?	Yes	No	
Diabetes?	Yes	No	
Loss of function of one or paired organs (eye, ear, kidney, testicle)?			
Seizures?	Yes	No	
Head injuries/Concussion/Passed out?	Yes	No	
Muscle, Bone, or Joint problem/Injury/Scoliosis?	Yes	No	
ADHD/ADD?	Yes	No	
Behavior concerns?	Yes	No	
Eye/Vision concerns?	Yes	No	
<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts			
<input type="checkbox"/> Other _____			
Dental concerns?	Yes	No	
<input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other?			
Date of exam _____			
Other diagnoses?	Yes	No	
Does your child have health insurance?	Yes	No	
Does your child have dental insurance	Yes	No	

Information may be shared with appropriate personnel for health and educational purposes.

Parent/Guardian

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PART II IMMUNIZATIONS**

Entire section below to be completed by MD/DO/APN/NP/PA  
 Printed VAR form may be attached in lieu of completion.

Immunizations – Shaded Vaccines Required. Regulation is located at Title 14 Section 804: Immunizations

DTaP/DT / /	DTaP/DT / /	DTaP/DT / /	DTaP/DT / /	DTaP/DT / /
OPV/IPV / /	OPV/IPV / /	OPV/IPV / /	OPV/IPV / /	OPV/IPV / /
PCV7/PCV13 / /	PCV7/PCV13 / /	PCV7/PCV13 / /	PCV7/PCV13 / /	PCV7/PCV13 / /
Hib / /	Hib / /	Hib / /	Hib / /	
MMR / /	MMR / /	HepB/HepB-2 / /	HepB/HepB-2 / /	HepB / /
VAR / /	VAR / /	RV-2/ RV-3 / /	RV-2/ RV-3 / /	RV-3 / /
MCV4 / /	MCV4 / /	HPV / /	HPV / /	HPV / /
Hep A / /	Hep A / /	Td/Tdap / /	Td/Tdap / /	Td / /
Influenza / /	Influenza / /	PPSV23 / /	PPSV23 / /	
Other: / /	Other: / /	Other: / /	Other: / /	Other: / /

Child is fully immunized per DPH/CDC recommendations (refer to cover page)  Yes  No

**PART III – SCREENING & TESTING**

Entire section below to be completed by MD/DO/APN/NP/PA

<b>Screen</b>	Height: _____ Weight: _____ BMI: _____ BMI Percentile: _____ BP: _____ Pulse: _____ Other: _____ (inches) (pounds)
<b>Dental Screen</b>	<input type="checkbox"/> <b>Problem Identified:</b> Referred for treatment <input type="checkbox"/> <b>No Problem:</b> Referred for prevention <input type="checkbox"/> <b>No Referral:</b> Already receiving dental care
<b>Tuberculosis Screen</b>	All new enterers must have TB test or TB Risk Assessment, which must be done within 12 months prior to school entry. <b>Risk Assessment:</b> Date _____ Results: <input type="checkbox"/> Test Required <input type="checkbox"/> Test Not Required <b>Mantoux Skin Test:</b> Date _____ Results: _____ MM <b>Other: (type)</b> _____ Date _____ Results: _____ MM
<b>Other Screen</b>	<b>Hearing:</b> Type: _____ Date: _____ Results: _____ Referral: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Date <b>Vision:</b> Type: _____ Date: _____ Results: _____ Referral: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Date <b>Other:</b> Type: _____ Date: _____ Results: _____ Referral: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Date



**PART IV – COMPREHENSIVE EXAM**

*Entire section below to be completed by MD/DO/APN/PA*

PHYSICAL EXAMINATION	Check (✓)		HEALTHCARE PROVIDER COMMENT
	NORMAL	ABNORMAL	
General Appearance			
Skin			
Eyes			
Ears			
Nose/Throat			
Mouth/Dental			
Cardiovascular			
Respiratory			
Endocrine			
Gastrointestinal			
Genito-Urinary			
Neurological			
Musculoskeletal			
Spinal examination			
Nutritional status			
Mental health status			

**FOR CHRONIC & LIFE THREATENING CONDITIONS:**  
Children with life-threatening conditions need an emergency care plan for school.  
 Please attach care plan, protocols, and/or emergency care plan.

**Recommendations or Referrals:** \_\_\_\_\_  
 \_\_\_\_\_

DIAGNOSIS	EMERGENCY PLAN ATTACHED		CARE PLAN OR PRESCRIPTION PLAN ATTACHED	
	YES	NO	YES	NO

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physician (MD or DO)    Clinical Nurse Specialist (APN)    Advanced Practice Nurse (APN)    Physician Assistant (PA)

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



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Mrs. Cynthia McNatt, Principal  
302-653-8588 (Office)  
302-653-3411 (Fax)

_____	Student's Name
_____	Teacher

**IMPORTANT INFORMATION REGARDING YOUR CHILD'S HEALTH RECORDS**

The following items must be in your child's health record when school starts in the fall or he/she will be **denied entry**. This is the law.

1. **A Complete Shot Record** – your child must be up-to-date in immunizations or he/she can not start school. It is your responsibility to check with your health care provider to determine if your child meets immunizations law requirements and to provide a copy of the shot record to the school.
2. **A PPD Tuberculosis Skin Test** – **the tine test is not an acceptable screening for TB.** You must provide proof that a PPD was administered within the last twelve months and read by a health care professional and the results recorded. You will be asked to repeat the PPD if you cannot prove that it was legally read. Your doctor may decide to complete a Risk Assessment Form in place of administering the PPD.
3. **Children registering for Kindergarten must provide proof that they have had a blood test for lead.** Most children have this test early in life (around one year of age) or have been tested before entering day care. The blood test time requirement is sometime since birth – the “within the past twelve months” requirement does not apply to the lead screening.
4. **A Completed Physical Exam Form** – Your child must have a physical examination by a health care provider within 2 years upon school entry. The form must have the health care provider's **signature, address and phone number.**

**It is the responsibility of the parent/guardian to see that the above listed items are turned in to the school. Failure to do so will result in the interruption of your child's education and violate school attendance and immunization laws.**

Note: You may want to take this information sheet to your child's medical appointment and share it with your health care provider. This will ensure that he/she will provide all the items that you need to turn into the school.

**I have read the above health record information and understand my responsibilities.**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**STUDENT HEALTH HISTORY UPDATE**

*This information will be shared on a need to know basis with staff, administration and emergency medical staff in the case of an emergency unless you notify us otherwise.*

Date \_\_\_\_\_ Parent/Guardian's

Signature \_\_\_\_\_

Student \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher

PLEASE CHECK IF CHILD HAS HAD DIFFICULTY WITH ANY OF THE FOLLOWING. GIVE DATES AND ADDITIONAL INFORMATION UNDER COMMENTS.

- |   |  |  |                                  |
|---|--|--|----------------------------------|
| 1. <input type="checkbox"/> ADD/ADHD          | <input type="checkbox"/> Bone/Spine    | <input type="checkbox"/> Heart               | <input type="checkbox"/> Speech  |
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Infections          | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Kidney              | <input type="checkbox"/> Vision  |
| <input type="checkbox"/> Blood Disorder       | <input type="checkbox"/> Emotional     | <input type="checkbox"/> Physical Disability |                                  |
| <input type="checkbox"/> Body Piercing/Tattoo | <input type="checkbox"/> Hearing       | <input type="checkbox"/> Seizures            |                                  |

OTHER

Comments:

2. Does your child have allergies to medicine, food, latex or insect bites?  
NO  YES  To What \_\_\_\_\_ What happens?

Treatment

3. Has your child had any illnesses since school last ended?  
NO  YES  Type of illness, with date(s)
4. Has your child had surgery since school last ended?  
NO  YES  Type of surgery, with date(s)
5. Has your child received any immunizations since school last ended?  
NO  YES  List immunizations, with dates

6. Is your child being treated or evaluated for any health conditions?  
NO  YES  List condition

7. Is your child on any medication or treatment?  
NO  YES  Name of medication and/or treatment

Does your child need medicine during school hours?

NO  YES  ***\*If yes, please contact the school nurse to make arrangements.***

8. Has your child ever been examined by an eye doctor?

NO  YES

Date of last exam \_\_\_\_\_

NO  YES

Glasses Prescribed

If your child wears glasses or contact lenses, when was the prescription last changed

\_\_\_\_\_

9. What is the name of your child's dentist? \_\_\_\_\_

What is the date of his/her last dental exam? \_\_\_\_\_

10. What is the name of your child's primary healthcare provider?

\_\_\_\_\_

What is the date of his/her last physical exam? \_\_\_\_\_

11. Has your child experienced any major life events, such as a recent move, death, separation, divorce, etc. since the end of last school year?

NO YES  ***If yes, please contact your School Nurse or School Counselor.***

12. Have you, your child or anyone in your household tested positive for COVID-19?

NO YES  ***If yes, please contact the school nurse.***

Revised 7/17/2020



# 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) 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.)

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

English

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:** All **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 student's enrollment by **State Mail Code N510** or by U.S. Postal Service to **35 Commerce Way, Suite 1, Dover, DE 19904**. 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.



## 2022 – 2023 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 19, 2022.



# 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', please skip questions 1 – 4 and complete the bottom section.*

### 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: \_\_\_\_\_



SCHOOL USE ONLY
DATE:

**REQUEST FOR BUS TRANSPORTATION**

*(Minimum of 24 hours notice)*

Fax: (302) 653-1815

TRANSPORTATION USE ONLY
DATE:

DATE OF REQUEST: \_\_\_\_\_ SCHOOL/GRADE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

DEVELOPMENT: \_\_\_\_\_

STUDENT'S 911 ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

HOME PH#: \_\_\_\_\_

BEST PH# TO USE: \_\_\_\_\_

<u>PICK UP ADDRESS</u>	<u>DROP OFF ADDRESS</u> <i>CHECK HERE IF SAME AS PICKUP</i>
NAME:	NAME:
DEVELOPMENT:	DEVELOPMENT:
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE:            ZIP:	STATE:            ZIP:
BEST PHONE#:	BEST PHONE#:

<u>FOR TRANSPORTATION ONLY</u>	<u>FOR TRANSPORTATION ONLY</u>
BUS:            CONTRACTOR:	BUS:            CONTRACTOR:
START DATE:	START DATE:
STOP:	STOP:
TRANSPORTATION NOTES:	

**\*IF STUDENTS ATTEND BOYS & GIRLS CLUB WE NEED A SIGNATURE\***

B & G CLUB SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
 B & G PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

The Smyrna School District does not discriminate in employment, educational programs, services or activities based on race, color, marital status, creed, religion, national origin, gender, age, genetic information, sexual orientation, gender identity, disability or any other protected category or status in accordance with state and federal laws.  
 Inquiries should be directed to the District Superintendent.

### Elementary Individualized Education Program

#### Student Information

Name:	ID Number:	Gender:
Address:	Date of Birth:	Current Grade:
District of Residence: Smyrna School District		Attending Building: Smyrna Elementary School

#### IEP Status

IEP Meeting Date:	Last Evaluation Summary Report Date:
IEP Initiation Date:	IEP End Date:

Disabilities:

Primary Disability:

#### Parent/Guardian Information

Parent/Guardian Name:  
Parent/Guardian Address:  
Parent/Guardian Telephone:

#### Temporary Placement

Agency Representative:	Parent:	Date:

An IEP meeting must be held within 60 calendar days of the student's first day of attendance.

#### Meeting Participants

Name	Position	Signature

**Smyrna School District  
Home Access Center  
New Account**

School: \_\_\_\_\_

Parent's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Brothers/Sisters who will also be attending Smyrna School District (this is so we can set up only one username and password for you)

School: \_\_\_\_\_ Student: \_\_\_\_\_

School: \_\_\_\_\_ Student: \_\_\_\_\_

School: \_\_\_\_\_ Student: \_\_\_\_\_

School: \_\_\_\_\_ Student: \_\_\_\_\_

School: \_\_\_\_\_ Student: \_\_\_\_\_

School: \_\_\_\_\_ Student: \_\_\_\_\_

Email Address: \_\_\_\_\_

So we may email your username and password to you

Secretary \_\_\_\_\_



## SMYRNA SCHOOL DISTRICT STUDENT AND PARENT/GUARDIAN CHROMEBOOK USER AGREEMENT

### Acceptable Use of District Technology Resources

Policy 6150 Computing and Internet Board Policy details acceptable use of district Technology Resources.

### Parent/Guardian and Student Chromebook Pledge

- My student and I will sign and return the Chromebook User Agreement AND participate in the Chromebook Protection Plan by paying a non refundable \$20 in grades 1, 5, and 9 to Smyrna School District prior to the device being issued. I understand that one Chromebook and power adapter (2 parts) are being lent to the student and are in good working order.
- My student and I will ensure the Chromebook is ready for use everyday. This includes having it fully charged each day, and returning the Chromebook to school each day that classes are in session or is prepared to be used for remote learning.
- My student and I will be responsible and protect the Chromebook by always utilizing its carrying case and ensuring that it is used and stored appropriately.
- My student and I will be responsible and never leave the Chromebook unattended in an unsecured or unsupervised location and keep the Chromebook username and password secure.
- My student and I agree to use the Chromebook and internet in ways that are appropriate for education, while speaking, typing, and interacting with others in a caring and educational manner.
- My student and I will be responsible for ALL damage or loss of the Chromebook due to neglect or abuse including, but not limited to, dropping it, getting it wet, spills of food or drink, and/or damage from unauthorized users.
- My student and I will discuss at home the acceptable and unacceptable uses of the device according to district policies.
- My student and I understand that district officials have the ability to monitor my child's use of the device AT ALL TIMES IN AND OUT OF SCHOOL and that communications, files, internet search activities, and any other actions using the device are not considered to be private. The Chromebook being issued is subject to inspection at any time without notice and remains the property of Smyrna School District.
- My student and I understand that the school district has made reasonable attempts to provide a safe computing environment for students within the district's network at school or accessing the internet from the district device while at home and that it is impossible to guarantee students will not gain access through the internet to information and communications that they and/or parents/guardians may find inappropriate, offensive, objectionable or controversial.
- My student and I will contact the Office of Technology (302-653-2574) with any questions or concerns regarding Chromebook function (including account information and log in processes).
- My student and I understand that the Chromebook is assigned to an individual student and only that student. Device use and care rests solely with the assigned student and is to be used solely for school work. For this reason, student devices are labeled by the Smyrna School District. Attempts to modify, change, or remove labels identifying the device are violations of this agreement.
- My student and I agree to make sure the Chromebook and accessories, when requested, are returned to school in working order.

I certify that I have read the rules above and discussed them with my child. I understand that access to the district's technology resources is for educational purposes and that my child has agreed to abide by Smyrna School District's usage rules. I accept full responsibility for my child's compliance. If my child's login and password are used inappropriately, I understand that my child will be held responsible. I understand that the internet is a collection of computer networks and its content cannot be subject to complete screening by school officials. Users must be aware that there is information and services available through the internet that could be offensive to or unsuitable for certain groups of users. I recognize that it is impossible for the Smyrna School District to restrict access to all controversial materials, and I will not hold the District, the school, or school personnel responsible for materials acquired or viewed on the network. I have discussed with my child precautions concerning entry of personally identifiable information. I hereby give my permission to activate technology privileges for my child and certify that the information on this form is correct.

### **SMYRNA SCHOOL DISTRICT CHROMEBOOK PROTECTION PLAN**

The Smyrna School District understands that an electronic device can be broken and in an effort to keep costs down, have instituted an insurance policy to assist parents with repair and replacement expenses. The Smyrna School District will be the sole provider for the Chromebook Protection Plan. All families are required to participate in the insurance plan as part of the Chromebook One-to-One Initiative in order to take the device home.

#### **Costs:**

- \$20 to be collected in grades 1, 5, and 9

#### **Coverage:**

The following items will be covered under the policy

- Accidental damage
- Theft, vandalism, or other criminal acts (must be reported to the police, provide Smyrna School District a copy of the police report)
- Fire (fire report must be filed by the parent or guardian and a copy submitted to the Smyrna School district), flood, or natural disaster
  - False reports by a student are subject to disciplinary action

#### **Not Covered:**

The following items are not covered under the policy

- Loss
- Replacement of power cord (\$40 replacement costs)
- Intentional damage
- Theft that occurs when Chromebook is not properly secured
  - Left in unlocked area or vehicle
  - Left in unsecured book bag

Do not attempt to gain access to the internal electronics or to repair your Chromebook. If your Chromebook fails to work or is damaged, report the problem to your homeroom teacher as soon as possible. If available, you may be issued a temporary Chromebook until yours is working properly.

Individual school Chromebooks and accessories must be returned to the school at the end of each school year for service and updating. Students who withdraw, are expelled or terminate enrollment in the Smyrna School District for any reason must return their individual Chromebook on the date of termination.

**Parent and student signatures page**

Please sign to indicate that you and your student agree to the conditions laid out in the Parent/Student Chromebook User Agreement and Policy 6150 Computing and Internet Board Policy.

- We agree to adhere to the responsibilities outlined in the Smyrna School District's One-to-One Technology Initiative.

For students in Grade 1, 5, or 9

- I understand the Smyrna School District's Chromebook Protection Plan is for my student's Chromebook. My program fee of \$20 is attached as described in the plan as part of this document if I am in grade 1, 5, or 9. Please make checks payable to Smyrna School District.

Student Name (Please Print)

/

Student Signature Date

Parent Name (Please Print)

/

Parent Signature Date

Office Use: Student Grade: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment method: \_\_\_\_\_

**District Informational Survey**

Please respond yes or no. This is for informational purposes only. The district is attempting to assess the needs of our student population.

Would you have a device sufficient for distance or virtual learning, if one was not provided?

(YES/NO)



Date records requested \_\_\_\_\_ Date records received \_\_\_\_\_

SMYRNA SCHOOL DISTRICT  
 SMYRNA ELEMENTARY SCHOOL  
 121 S. SCHOOL LANE  
 SMYRNA, DE 19977  
 302-653-8588  
 302-653-3411 (FAX)

### AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name:		Birth date:	
Address:			
Home Phone:		Other:	
Parent/Guardian:			
Relationship to Student:			

I hereby authorize \_\_\_\_\_ to disclose the information described below concerning the above named student to be released to the Smyrna School District for the purpose of educational programming/planning of the above named student.

The following information may be disclosed/released:

	Cumulative Record
	Withdrawing Grades
	Standardized Test Scores
	Health Records
	Special Education Records
	Court/Custody Records
	Other:

Witnessed by:

\_\_\_\_\_  
 Name Parent/Legal Representative Date

*NOTE: When records are requested by school personnel for a student who has enrolled or intends to enroll in a school system, parental permission is no longer required (Family Educational Rights and Privacy Act; Final Rule on Education Records; Buckley Amendment; Section 99.31; Paragraph b; Federal Register; June 17, 1976; Volume 41, Number 118, Page 24673).*

You may mail the above applicable student information to:

**U.S. Mail Address:**  
 Smyrna Elementary School  
 121 S. School Lane  
 Smyrna, DE 19977

**Delaware State Mail Address:**  
 Smyrna Elementary School  
 Smyrna School District  
 State Mail N460