### Academy of Dover Charter School

Kindergarten – 5th grade School 104 Saulsbury Road Dover, Delaware 19904



#### Dear Parent/Guardian:

We are pleased to inform you that your child has been selected to attend The Academy of Dover for the upcoming school year. In order to complete the enrollment process, the next five steps in the enrollment process are as follows:

Note: By enrolling your students at the Academy of Dover, in accordance with Delaware Law, your child is required to attend the Academy for minimum of one school year.

- 7.	
1.	Fill in the forms on this list:  (ENCLOSED WITH THIS LETTER)  ☑ Admissions Profile  ☐ Emergency Contact/Permission Form  ☑ Release of Student Records Form  ☐ Volunteer Form
2.	Have your child's doctor fill in the documents on this list:  (ENCLOSED WITH THIS LETTER)  ☐ Child Health Assessment ☐ Certificate Of Immunization
3.	Ask your doctor for a copy of:  Your child's official immunization record (Kept in the doctor's office)
4.	Bring in the documents on this list:  "Parent's or guardian's state/government ID or Driver's License  ✓ Your child's Birth Certificate  ✓ Your child's Social Security Card  ✓ Your child's last report card (grades 1-5)  ✓ Proof of Residency (utility bill, tax record, lease)  ✓ IEP (if your child has Special Education IEP from their old school)
5.	Return all forms from the four lists above to Academy of Dover Charter School as soon as possible.

Failure to complete and return enrollment forms may cause you to lose your slot! If you have any questions regarding this procedure or need assistance completing the forms please contact Academy of Dover at 302-674-0684.

Welcome to Academy of Dover. We alklook forward to a successful school year!

## **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 2019 – 2020 School Year

Applications Accepted from Monday, November 5, 2018 to Wednesday, January 9, 2019

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 su

	tly registered in a public schoo			l in their School of Re	esidence before			
submi	tting a Delaware Standard App	lication for Educational C	ptions.	State Student I				
Please	Print			RLI	EA Use Only			
1. 2.	Are you applying for Kinderga School(s) you are applying to				1			
	1 <sup>st</sup> Choice							
	2 <sup>nd</sup> Choice							
	3 <sup>rd</sup> Choice							
3. 4.	Program Desired (if applicable Student's Name:	e):						
	Last name	First	Middle	Birth Date:				
	Sex: Female □ Male □	Ethnicity: (optional) Hispanic or Latino	Yes □ No □					
5.	1 American Indian/AK □ 2 Afric  Parent/Guardian/Relative Ca  Last name							
	Street address							
	City	State		Zip	~			
	☐ Home Phone:	☐ Work Phone:	· · · · · · · · · · · · · · · · · · ·	☐ Cell Phone:				
	Email address							
	☐ Check if above address is d	ifferent from that on file	at school.	- <del></del>				
6.	Resident District and Resider District and School Attendance Area		chool Year: (Please E	nter the Name of the Dela	aware Public School			
	Resident District:		Resident School:					
7.	Present School Information:	☐ Public ☐ Nor	n-Public					
	Current School (2018-2019 School	Year):	Current Grade (20	ırrent Grade (2018-2019 School Year):				

	t name	First		MI				
Stre	Street address							
City	,	State	ZIP	Telephone				
				CTED TO CONTINUE TO ATTEND 19 and 2019-2020 School Years:				
Last	t name	First		MI				
Birt	h Date:	School:		Grade:				
Last	t name	First		MI				
Birt	h Date:	School:		Grade:				
		hild for whom this application is bei y be requested by the receiving loca	ng submitted		icationai			
and on or 019 - 2020 line to fill r application	Provided by the Delaware De before Wednesday, January 9 school year. Charter schools emaining availability; however provided by the Delaware De	y be requested by the receiving local partment of Education (DDOE) MUST be sub, 2019, to the receiving local education agen, vocational-technical school districts, and marr, only applications received by the January!	ng submitted I education ag mitted by the party or the DDOE as agnet schools made, 2019 deadline itted by a parent		, Novembe ollment dur nuary 9, 20 institutions			
and on or or or 2020 line to fill replication till the first opplication od cause" manner astation filed acted as or	Yes (a copy may provided by the Delaware Debefore Wednesday, January 9 school year. Charter schools emaining availability; however, provided by the Delaware Debet day of the school year for enterprise provided by the Delaware Debet day of the school year for enterprise provided by the Delaware Debet day of the school year for enterprise provided by the Delaware Debet day of the school year for enterprise day of the school year for enterprise day of the school year for enterprise day of the provided by the Delaware Debet day of the provided by the Delaware Debet day of the school year for enterprise day of the Delaware Debet day of the School year for enterprise day of the Delaware Debet day of the School year for enterprise day of the School year	y be requested by the receiving local partment of Education (DDOE) MUST be sub, 2019, to the receiving local education agen, vocational-technical school districts, and mir, only applications received by the January! partment of Education (DDOE) may be submirollment in kindergarten during the 2019-20 partment of Education (DDOE) may be submirally exists. The receiving local education agend by the deadline. The board of the receiving sions of 14 Del.C., §403(b) no later than 45 descriptions of 14 Del.C., §403(b) no later than 45 descriptions of 14 Del.C., §403(b) no later than 45 december 2019 and 15 december 2019 are than 45 december 2019 and 2019 are than 45 december 2019 are than 45 d	ng submitted leducation ag mitted by the party or the DDOE agnet schools mad, 2019 deadline litted by a parent 20 school year. litted by the pare cy and district of local education ays after receipt enrollment. Char	ency) No  Tent of a school age child on or after Monday and to the child's district of residence for enrol y continue to accept applications after the Ja will be included in any lottery held by those i enrolling their child in kindergarten to the re  ant of a school age child after the January 9, 2 residence shall accept and consider the application is received pr thereof, unless the application is received pr ter schools, vocational-technical school distr	y, November ollment dur invary 9, 2 institutions eceiving dis 2019, deadl ication in t prove the ior to a lot			
and on or or or 2020 ine to fill r pplication till the first application od cause" manner as eatlon filed acted as or et schools application eceiving local polication eceiving local acted as or pplication eceiving local acted as or pplication eceiving local acted	Provided by the Delaware De before Wednesday, January 9 school year. Charter schools emaining availability; however provided by the Delaware De t day of the school year for en provided by the Delaware De as defined in 14 Del.C., §402(s those applications submitted in a local education ag may continue to accept applicationed by the Delaware Del	y be requested by the receiving local partment of Education (DDOE) MUST be subto, 2019, to the receiving local education agen, vocational-technical school districts, and mirror, only applications received by the January spartment of Education (DDOE) may be submirrollment in kindergarten during the 2019-20 partment of Education (DDOE) may be submirrollment in kindergarten during the 2019-20 partment of Education (DDOE) may be submirrorlment of Education (DDOE) may be submirrorlment of the receiving sions of 14 Del.C., §403(b) no later than 45 dency's enrollment policy in the case of over-cations after the January 9, 2019 deadline to partment of Education (DDOE) may be wither	ng submitted of leducation against schools may 2019 deadline titted by a parent 20 school year. Itted by the parecy and district of a local education ays after receipt enrollment. Charfill remaining available of the parecy and the	ency) No  Tent of a school age child on or after Monday and to the child's district of residence for enrol y continue to accept applications after the Ja will be included in any lottery held by those i enrolling their child in kindergarten to the re  ant of a school age child after the January 9, 2 residence shall accept and consider the application is received pr thereof, unless the application is received pr ter schools, vocational-technical school distr	y, November oil ment dur anuary 9, 20 institutions ecciving distitution in the coverage of the			
and on or or or 2019 - 2020 line to fill r application ntil the first application od cause" manner ascatlon filed ucted as or net schools application accelving locence.	Provided by the Delaware De before Wednesday, January 9 school year. Charter schools remaining availability; however provided by the Delaware De at day of the school year for enterprovided by the Delaware De as defined in 14 Del.C., §402(sthose applications submitted in a local education agar may continue to accept applications of the provided by the Delaware D	y be requested by the receiving local partment of Education (DDOE) MUST be subto, 2019, to the receiving local education agen, vocational-technical school districts, and mirror, only applications received by the January spartment of Education (DDOE) may be submirrollment in kindergarten during the 2019-20 partment of Education (DDOE) may be submirrollment in kindergarten during the 2019-20 partment of Education (DDOE) may be submirrorlment of Education (DDOE) may be submirrorlment of the receiving sions of 14 Del.C., §403(b) no later than 45 dency's enrollment policy in the case of over-cations after the January 9, 2019 deadline to partment of Education (DDOE) may be wither	ng submitted of leducation against the DDOE against schools may 2019 deadline titted by a parent 20 school year.  Itted by the parecy and district of glocal education ays after receipt enrollment. Charfill remaining avoir ard(s) of the receipt ard(s)	ency) No  rent of a school age child on or after Monday and to the child's district of residence for enroy y continue to accept applications after the Ja will be included in any lottery held by those i enrolling their child in kindergarten to the re- ent of a school age child after the January 9, 2 residence shall accept and consider the appli- agency shall take action to approve or disapp thereof, unless the application is received pr ter schools, vocational-technical school distri- silability.	y, November oil ment dur anuary 9, 20 institutions ecciving distitution in the coverage of the			
and on or or one of the control of t	Provided by the Delaware De before Wednesday, January 9 school year. Charter schools remaining availability; however provided by the Delaware De to day of the school year for enterprovided by the Delaware De as defined in 14 Del.C., \$402{ sthose applications submitted in a local education again may continue to accept application deducation again education agancy board. The this application is received the second of the State and belief, and are made in	y be requested by the receiving local partment of Education (DDOE) MUST be sub a continuous partment of Education (DDOE) MUST be sub a continuous partment of Education second districts, and minder, only applications received by the January spartment of Education (DDOE) may be subminded in kindergarten during the 2019-20 partment of Education (DDOE) may be subminded in kindergarten during the 2019-20 partment of Education (DDOE) may be subminded in the the deadline. The board of the receiving slons of 14 Del.C., §403(b) no later than 45 dency's enrollment policy in the case of overactions after the January 9, 2019 deadline to partment of Education (DDOE) may be without the parent shall give written notice to the board of Delaware and that all of the statement good faith. I understand and acknowledge form, disqualification from the lottery process.	ng submitted of leducation against schools may agnet schools may 200 school year. Itted by the parecy and district of a local education ays after receipt enrollment. Charfill remaining avail rawn by the parecy of the receipt enrollment enrollm	ency) No  rent of a school age child on or after Monday and to the child's district of residence for enroy y continue to accept applications after the Ja will be included in any lottery held by those i enrolling their child in kindergarten to the re- ent of a school age child after the January 9, 2 residence shall accept and consider the appli- agency shall take action to approve or disapp thereof, unless the application is received pr ter schools, vocational-technical school distri- silability.	y, November oil ment dur nuary 9, 20 institutions ecciving distitution in the control of the con			

## TITLE 14 Education

#### PART 1

#### FREE PUBLIC SCHOOLS

506. Restrictions.

(3) A charter school shall obtain a written confirmation, signed by a parent or guardian of each student in that student's initial year of attendance at the charter school, that the student will remain in the charter school for at least 1 school year. That confirmation shall include a statement reading:

"I understand that my child is required to remain in this charter school, in the absence of any condition constituting good cause, for a least 1 school year"

and shall be kept on file at the school and made available for inspection to Department of Education officials or representatives from the public school district in which the student resides. After a student's initial year of enrollment, it shall be presumed for school district planning purposes only that the student will continue to attend the charter school until completion of the school's highest grade level and no further written confirmation need be obtained by the charter school.

(d) A pupil accepted for enrollment in a charter school pursuant to this chapter shall remain enrolled therein for a minimum of 1 year unless, during that 1-year period, good cause exists for the failure to meet this requirement. For purposes of this section only, "good cause" shall be defined as 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 the marital status of the child's parent's, a change caused by guardianship proceeding, placement of a child in foster care, adoption, participation in foreign exchange program, participation by a child in a substance abuse or mental health treatment program, mutual agreement by the board of directors of the charter school, the board of the receiving district and the parent or parents or guardian of such child to the termination of such enrollment, or a set of circumstances consistent with this definition of "good cause."

#### Certification of Intent to Enroll

I, the parent/guardian of (student's name)	intend to enroll
my child at the Academy of Dover Charter School for the that I intend for my child to attend this school for the comp permitted to withdraw my child from Academy of Dover for	plete school year. I understand that I am
Delaware Law.	, ,
Parent Signature:	Date:

#### FOR OFFICE USE ONLY

Process Date:	Letter of Consent to Release School Record sent:
School Records Received:	Special Ed. Records Received:
Code of Conduct Acknowled	
Evidence of Enrollment Rec	aived:

## ACADEMY OF DOVER CHARTER SCHOOL

## **ADMISSIONS PROFILE**

## **Applicant Information**:

#### PLEASE PRINT

	Grade (Acad	demic year 2019-2020);			
Last Name:		_ First Name:		M I:	_
		ephone:			
				Zip	
	Date of Birth:	Age:	Social S	ecurity #	
Ethnicity: (check	one (1) only)				
African Amo	erican (Non-Hispanic): 🔲 Hi	spanic/Latino: 🔲	White (No	ո-Hispanic)։ ∐	
******	ndian / Alaskan Native:	******	*****	ific Island:	***
Resident School D	istrict:				
Was your child re	**************************************	******************* services?	******	*************************************	****
•	e your child's special edu			No: ☐ Yes: ☐ **If <u>yes</u> , copy must be attach	1ed
	**************************************	*******	*****	\*\*\*\*\*\*\*\*\*\	****
Legal Guardia	an: 🔲 Both Biological Paren	its: 🔲 Mother On	ly: 🗌 Fath	er Only: 🗌	
Both Parents	alternately: [] (If both Pare	ents alternately pl	ease indica	ite Custodial Parent):	
Custodial Parent'	s Name:		Home T	elephone:	

## Parent/Guardian Information

Mother:		Occu	pation:			
Mother's Date of Birth						
Home Address:		Home	Telephon	ie:		
City:	State:		Zip:			
Email:		<del></del>				
Business Address:		State: _	Zi	ip:		
Business Telephone:	Busine	ss Email: _				
*********						
Father:		_Occupation	:			
Father's Date of Birth						
Home Address:		Home Teleph	none:			
City:	State:		Zip:			
Email:						
Business Address:		State: _	z	ip:		
Business Telephone:	Busine	ess Email: _				
~~If the student is	living with Legal G	Suardian(s	) comple	te this	section~	~
Guardian:	_			•		
Home Address:		Home	Telephon	e:		<del></del>
City:	State:		Z	.ip:		
Legal Guardian Date of Birth		Email:				
Business Address:		;	State:	Zip	):	<del></del>
Business Telephone:	Busine	ess Email: _		·····		
***********	******	*****	*****	******	*****	*****
Number of Persons living in House Annual Household Income: Check C	O □ O.4. #44.0=0. [	T \$14.379 to	18.044	l \$18.045	to \$21.71(	, D•
	☐ \$21,711 to \$25,	376: 🔲 \$25,	377 to 29,0	)42: □O	ver \$35,000	o:
~~PLEASE DO N	NOT PUT PARENT'S	INFORMAT	ION IN TH	IS SECT	ſION~~	
EMERGENCY CONTACT:			Tele	phone: _	· · · · · · · · · · · · · · · · · · ·	
Address:	City:		_State:		Zip:	
In the event emergency medical tre nearest medical facility and if necestransport my child(ren) to the neared designated emergency contact is n 911 for emergency medical assistan	ssary to be treated by a est medical facility. In t ot available, I understa	a qualified pl the event tha	hysician. A t I can not	CADEM' be conta	Y OF DOVE	ER will <u>not</u> f my
Parent / Legal Guardian Signature	· · · · · · · · · · · · · · · · · · ·		Date	<u></u>		

## ACADEMY OF DOVER CHARTER SCHOOL

## Release of Student Records Form

Today's Date:/	
Child's Name (please print)	
Parent/Guardian Name	
Parent/Guardian Signature	
Parent/Guardian Address	
Tax Payer School District	
*Check appropriate box and provide name of former school where indicated belo	o₩
Student Entering Grades 1 <sup>st</sup> - 5 <sup>th</sup> in 2019-2020  Whereas my child is currently enrolled in Academy of Dover for the 2019-20 academic year to: (School most recently attended by student) School Name:  to release my child's academic records to Academy of Dover. Please include all relevant reducation, academic testing, official school records, medical records, and academic or discovered to the school records of the	ecords including special
School District Notification of Student Entering Kindergarten in 2019 Whereas my child is currently enrolled in Academy of Dover for the 2019-2020 a notify (Taxpayer School District).	
Disclosure of Student's Records: Federal Law 99.31 "Parent signature is not required for educational records to be seducational agency."	ent to another
Please send the information to: Academy of Dover Charter School 104 Saulsbury Road	

Dover, DE 19904
ATTN: Student Records

State Location Code: D107

302-674-0684 ~ 302-674-3894(fax)

## Academy of Dover Charter School

104 Saulsbury Road Dover, Delaware 19904

### Photograph/Videotape Permission

Please return this permission form to Academy Dover As Soon As Possible

#### Dear Parent:

From time to time the Academy Of Dover records students' activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and /or videotapes may be used for advertising purposes to promote enrollment at Academy of Dover or as a backdrop to employment recruitment efforts.

In order for the school to product materials for both internal and external uses we need your permission to use photo and /or video of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following:

I (do) give permission for my child to be photographed/videotaped and the resulting photographs /videotapes to used and displayed within school as well as, to be used for public display and/or published for the benefit of the school.
 I (do not) give permission for my child to be photographed/videotaped or the photographs/videotape to be publicly displayed and or published.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child s used either internally or externally as explained in the examples above.

Please Print:		
Student's Name:		
Grade:	Teacher's Name:	
Parent/Guardian Name:		
Sign Below:		
		//
Parent/Guardian Signature		Date Signed



## 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	: Aca	demy	y of	Dove	r Cha	arter	Schoo
The Dela	aware	Departm	ent of	Educat	ion requ	uires so	chools t	o deter	mine t	he langi	iage(s	) spokei	at hor	ne by e	each
student.	The inf	formatio	n provi	ided wil	I only b	e used	to dete	ermine	whethe	er your s	tuden	t is eligi d to im	ble to b	egin th	ne English
as a Seco	nd Lar	nguage p	rocess	ana wii	not be	e usea j	jor imn	nigratio	m mau	ers or re	eporte	u to iiii	nigratio	on uuti	iorities.
Studen	t Infor	mation										•			
Studen		mution													
First Na	me:					Cour	ntry of	birth:							
Last Na	me:					Date	of ent	ry in th	e US:						
Birthda	ite:					Date	stude	nt first	enrolle	d in a U	IS scho	ool:			
Circ	le grad	les your	child a	ttended	l in US s	chools	S								
	PK	К	1	2	3	4	5	6	7	8	9	10	11	12	
Hov	v manv	total m	onths l	has the	studen	t been	enrolle	ed in a l	JS scho	ool?					
		t langua													
			.60	, ,				10:	.1						
	Langu					2000			alect:						-
2.	Wha	t langua	ige do	es you	child	most (	often u	ise at h	ome?						
	Langu	uage:					Dialect:								_
3.	Wha	t langua	ges de	o you n	nost of	ten sp	eak to	your	:hild?						
	Langu	uage:						Di	alect:						
4.	Wha	t langua	ge(s)	other t	han En	glish a	are spo	ken in	your h	nome?					_
		uage:	0 1 7				·		alect:						
5.	5. What language would you prefer to receive information from your school?							-							
	Language:				Dialect:							_			
		Parer	nt Nam	ne		_		Parer	nt Signa	iture			0	ate	

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 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:		Grade:	🗆 Maie 🛭 Female
Name of Current School: Academy of Doyer 104 Saulsbury Road	i Name of	Last School:	
Is your current address a temporary living arrang			
If you answered YES', please complete all question			
If you answered 'No', you may <u>stop</u> here. You do		form.	
a Barrer to a served above dell'avring attraction	ame?		
1. Do you live in any of these following situation			
☐ Sharing the housing of other persons due to		أوا فوما أموهماني	h otal
Loss of housing, economic hardship or		e: evicted, lost joi	u, etc.,
Explain:			
☐ Long-term, cooperative living arranger			
Other (please specify):			
☐ In a motel, hotel, campground or similar so			
☐ Lack of alternative adequate accommo Explain:			
☐A convenient living arrangement or wa		use to be ready	
□Other (please specify):			
☐ In an emergency or transitional shelter suc	ch as a domestic violence	shelter or a home	eless shelter or transitional housing
or other shelter			-
☐ Have a primary nighttime residence that is	a place not designed for	or ordinarily used	d as a regular
sleeping accommodation for humans		·	
☐ in a car, park, public space, abandoned bu	llding, substandard housi	ng, bus or train st	ation, or
similar setting			
☐ None of the above			
2. How long do you anticipate living at this loca	ation?		
3. The student lives with:			
☐ Parent(s) or legal guardians(s)			•
☐ Relative(s), friend(s), or other adults(s) wh	o are not the parent or th	ie legal guardian	
☐ Alone with no adults			
4. Please list the name and ages of any children	n living with you that you	ı have guardiansi	nip of:
A	C	_	<u> </u>
В.	D		
I am the parent/legal guardian of	who	is of school age as	nd who is saeking enrollment in the
school district.			ine this is seeming emonitoring in the
I understand that presenting a false record of fals	sifying records is an offens	se under Federal	and state laws and enrollment of
the child under false documents subjects the per	son to liability for tuition	and other costs.	
Printed Name:			
Signature:			 all:
Address:Phone Number with Area Code:	Emergency contact	Phone Number v	 vith Area Code:
· ·			(Rev 8/2017)



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

English/S	oanish
Linginging	pani

		Agricuit	turai vv	ork Survey	
Dear Parent/Gu	ardian,				Date:
In order to serve	your child,	tl		demy. of	Dover District/Charter School is
helping the State	e of Delaware Identify stud	lents who may	•	•	ditional education and support services.
	provided below will be ke lease answer the following				ent of Education and will be used for plannin your child's school.
• •	rears, has your family chan ntry to the U.S.?	ged from: a) or	ne scho	ol district to	another; b) one state to another state;
	YESNO				
If "NO," do not	complete the remainder o	f this survey. If	f "YES,"	please cont	inue.
below? Answer	this question even if you ha	ave a different t	type of	job now.	cultural or fishing activity such as those liste
if "YES," please	circle all that apply if you or y	our nusband/wife	, or som	eone in your r	ousehold has worked with, on, or in a:
Farm	Chicken processing plant	Dried or dehy	ydrated	fruits/spices	Plant nursery/greenhouse
Dairy Danah	Processing meat/fish	Sod farms		- mlami	Tree growing or harvesting
Ranch Cannery	Cranberry bogs Fresh/frozen juices	Meat or food Mushrooms	packing	piant	Food processing Pet food processing
Chicken house	Fishery			packing fruits, r nuts	Cleaning, weeding or preparing land for planting
Please add any ot	her agricullural or fishing work	dactivity that you	or your	husband/wife	or someone in your household has performed:
Please list all child	Iren ages 3-21 years old in th	e home, includin	g those i	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		e or cell phone number:
DISTRICTS: The O	RIGINAL document must be sub ant by State Mall Code D370B or	mitted to the Dela r by U.S. Postal Ser	ware De	partment of Ed 01 Federal Stre	ucation Title I, Part C Office within 10 days of the et, Sulte 2, Dover, DE 19901. 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.

## Academy of Dover Charter School Student Data Collection Form

	Student's Name	
	Student's Gr	rade:
1.	Please answer BOTH questions 1 a NO: (my child is not Hispanic or I	
	YES: (my child is Hispanic or Latin Central American, or other Spanish c	no- a person of Cuban, Mexican, Puerto Rican, South o ulture or origin, regardless of race.)
2.	What is your child's race? (Select one	e or more)
	American or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and maintains 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, the Philippine Islands, Thalland, and Vietnam
<b>—</b>	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 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 America
	Parent/Guardian Signature	Date



PARENTS OR STEP-PARENTS

# 2019 – 2020 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".

"Active Duty" - I am a parent or step-parent who is an "act (United States Army, United States Navy, United States Air United States Coast Guard) pursuant to 10 U.S.C. §101(d) (2 Succeeds Act (2015), 20 U.S.C. 6301 et seq.	Force, United States Marine Corps, or
"Active Duty/Recently Retired/Reserves/Identified as a A parent or step-parent residing in the same household, we reserve component, identified as a disabled veteran, killed in months prior to September 30 of the current school year) from a brack Such branches consist of the United States Army, United States Air United States Navy, National Guard, United States Coast Guard, Nadministration or the United States Public Health Service pursuan Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).	who is on active duty, serving in the action, or recently retired (within 18 anch of the United States armed forces. Force, United States Marine Corps, National Oceanic and Atmospheric
IMMEDIATE FAMILY MEMBER OR ANY OTHER PERSON R	RESIDING IN SAME HOUSEHOLD
"Active Duty/Recently Retired/Reserves/Identified as a An immediate family member, including a sibling or any oth household, who is on active duty, serving in the reserve con killed in action or recently retired (within 18 months prior to Septembranch of the United States armed forces. Such branches consist of Air Force, United States Marine Corps, United States Navy, Nation National Oceanic and Atmospheric Administration or the United States DE Admin. Code 932, 14 Del.C. Chapter 1, §122 (b)(28), 10 U.S.C.	er person residing in the same nponent, identified as a disabled veteran, nber 30 of the current school year) from a the United States Army, United States al Guard, United States Coast Guard, ates Public Health Service pursuant to 14
NON-APPLICABLE	
Student Name:	Grade:
School Name:	

Please return this form to your student's homeroom teacher on or before Monday, September 16, 2019.

Homeroom Teacher Name:

#### 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.

<u>T'a</u>	alk with your health care provider about important issues' 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> :
	<ul> <li>□ 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.</li> <li>□ Pollo: 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.</li> <li>□ MMR<sup>3</sup>: 2 doses. The 1<sup>th</sup> dose should be given on or after the 1<sup>th</sup> birthday. The 2<sup>rd</sup> dose should be given after the 4<sup>th</sup> birthday.</li> <li>□ Hep B<sup>3</sup>: 3 doses.</li> <li>□ Varicella<sup>4</sup>: 2 doses. The 1<sup>th</sup> dose should be given on or after the 1<sup>th</sup> birthday and the 2<sup>rd</sup> dose after the 4<sup>th</sup> birthday.</li> </ul>
	GRADES 1-6:
	DTaP/DTP: 4 or more doses. If the 4th dose was prior to the 4th birthday, a 5th 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.
	Pollo: 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>th</sup> dose should be given on or after the 1 <sup>th</sup> birthday. The 2 <sup>rd</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>st</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 does at age 16
	Human papillomavirus vaccine (HPV): ali giris and boys (ages 11 or 12)
	Pneumococcal vaccine (PCV13): children with specific risk factors
	Pneumococcai vaccine (PPSV): certain high risk groups
	Hepatitis A: unvaccinated children who are or will be at increased risk

1 Clinklans refer to: Bright Futures: Outdolines for Health Supervision of Infants, Children and Adolescents, (3rd ed.) AAP, 2008
2 Children who enter school prior to ago four shall follow current Delawern Division of Public Health recommendations.
3 Disease histories for measles, rubella, mumps and Hepatitis B will not be accepted unless serologically confirmed.
4 Vericella disease history must be retified by a health care provider to be exempted from vaccination.

November 2016

#### 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:	_ Ge	nder:_	DOB:
Date:	_ Ex	amine	r:
	PAR	ENT	WELL THE AUTHOR RECERON DER COMMENT LEVERE
Developmental delay (speech, ambulation, other)?	Yes	No	
Serious injury or illness?			
Medication?			
Hospitalizations?			
When? What for?			
Surgery? (List all) When? What for?			
Ear/Hearing problems?			<del></del>
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)?			
Selzures?	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?  Glasses Contacts Other	Yes	No	
Dental concerns?  ☐Braces ☐Bridge ☐Plate ☐Other?  Date of exam	Yes	No	
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 personne Parent/Guardian	el for her	alth an	d educational purposes.

#### DELAWARE DEPARTMENT OF EDUCATION Tuberculosis (TB) Risk Assessment Questionnaire for Students<sup>1</sup>

Prior to use of this form, the school nurse must review the student's health record and assure that the student is compliant with the requirements for a current health examination (within past 2 years) and up-to-date immunizations. The questionnaire must be administered by the school nurse to the parent/guardian in person, or by phone, and signed by the person who answered the questions.

Parent/Guardian (signature)  I give permission for the school nurse and my child's primary care physician	наше:	Last	First	M
2. Was any household member, including your child, born in or has he/she traveled to area(s) where TB common? (Refer to the TB-Endemic Countries list provided by the Delaware Division of Public Health.)  3. Does your child have regular (i.e., daily) contact with adults at high risk for TB (i.e., those who are H infected, homeless², incarcerated⁴, and/or lilicit drug users)?  4. Does your child have any health conditions or take medications that might affect his/her immune system?  5. Does your child have any health conditions or take medications that might affect his/her immune system?  6. Has your child ever had a positive test for tuberculosis?  Any "yes" response to questions 1 - 5 is considered a positive risk factor and is an indication for administering Mantoux tuberculin skin test or a TB blood test, such as The Quantiferon Gold TB Test, to the child.  A "yes" response to question 1 - 6 indicates probable previous exposure to TB, and requires medical follow-up evaluate medical status.  This child has been screened by his/her school nurse for risk of exposure to tuberculosis. Based upon t results of the TB Risk Assessment Questionnaire the child,  Does not require a Tuberculosis Test  Does require a Tuberculosis Test  Does require a Tuberculosis Test  TB testing and documentation must be completed and given to the school nurse by/ (date) or yochild will be excluded from school.  School Nurse (signature)  Parent/Guardian (signature)  I give permission for the school nurse and my child's primary care physician	Date of	Birth://	Date Form Complete	ed//
Mantoux tuberculin skin test or a TB blood test, such as The Quantiferon Gold TB Test, to the child.  A "yes" response to question 1 -6 indicates probable previous exposure to TB, and requires medical follow-up evaluate medical status.  This child has been screened by his/her school nurse for risk of exposure to tuberculosis. Based upon to results of the TB Risk Assessment Questionnaire the child,  Does not require a Tuberculosis Test  Does require a Tuberculosis Test  TB testing and documentation must be completed and given to the school nurse by/ (date) or you child will be excluded from school.  School Nurse Comments:  School Nurse (signature)  Parent/Guardian (signature)  I give permission for the school nurse and my child's primary care physician (name of physician) to share information relating to this form.	2. 3. 4. 5.	Was any household mer common? (Refer to the ? Does your child have re infected, homeless, inca Does your child have a h Does your child have an	mber, including your child, born in or he TB-Endemic Countries list provided by the gular (i.e., daily) contact with adults at langular (i.e., daily) contact with adults at langular (i.e., daily) contact with adults at langular (i.e., daily) contact with a shelter is a shelter or take medications the same of the conditions or take medications the conditions of the condit	as he/she traveled to area(s) where TB is the Delaware Division of Public Health.) thigh risk for TB (i.e., those who are HIV r, incarceration, or illicit drug use?
evaluate medical status.  This child has been screened by his/her school nurse for risk of exposure to tuberculosis. Based upon t results of the TB Risk Assessment Questionnaire the child,  Does not require a Tuberculosis Test  Does require a Tuberculosis Test  TB testing and documentation must be completed and given to the school nurse by/ (date) or yo child will be excluded from school.  School Nurse Comments:	Any "y Mantou	es" response to questions ex tuberculin skin test or a	1 - 5 is considered a positive risk factor TB blood test, such as The Quantiferon C	r and is an indication for administering a fold TB Test, to the child.
results of the TB Risk Assessment Questionnaire the child,  Does not require a Tuberculosis Test  Does require a Tuberculosis Test  TB testing and documentation must be completed and given to the school nurse by/ (date) or yo child will be excluded from school.  School Nurse Comments:  School Nurse (signature)  Parent/Guardian (signature)  I give permission for the school nurse and my child's primary care physician (name of physician) to share information relating to this form.	A "yes" evaluate	' response to question 1 - e medical status.	6 indicates probable previous exposure	to TB, and requires medical follow-up to
Does require a Tuberculosis Test  TB testing and documentation must be completed and given to the school nurse by/ (date) or yo child will be excluded from school.  School Nurse Comments:	This ch	olld has been screened b of the TB Risk Assessme	y his/her school nurse for risk of exp nt Questionnaire the child,	osure to tuberculosis. Based upon the
School Nurse Comments:  School Nurse (signature)  Parent/Guardian (signature)  I give permission for the school nurse and my child's primary care physician		· · · ·	<del>-</del>	nentation related to current disease status
School Nurse (signature)  Parent/Guardian (signature)  I give permission for the school nurse and my child's primary care physician	TB testi child wi	ing and documentation mu ill be excluded from schoo	ist be completed and given to the school l.	nurse by/ (date) or your
I give permission for the school nurse and my child's primary care physician	School 1	Nurse Comments:		
I give permission for the school nurse and my child's primary care physician	School l	Nurse (signature)		
I give permission for the school nurse and my child's primary care physician	Parent/C	Guardian (signature)		
Name Date	I give pe (name o	ermission for the school n f physician) to share infor	arse and my child's primary care physicia	
Parent/Guardian (signature)	Name	Parent/Guardian (sign	Dature)	ale

<sup>&</sup>lt;sup>1</sup>TB assessment is required by Regulation 805, http://regulations.delaware.gov/AdminCode/title14/800/805. The questionnaire was developed by Delaware Department of Education and the Division of Public Health. Revised 7/1/13, 5/2015.

<sup>2</sup>CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious.

The term "homeless" means a situation where the person lived in a shelter or with others.

\*Incarceration should be longer than one week.

PART II – INIMUNIZATIONS

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. Regulations is located at Title 14 Section 804 Immunizations.

TO VIETG	D'raP/DT	DTaP/DT	DTaly DT	DTal/DT
		11	1 1	1 22
OPANIBA:	OPY/JPY	OPW IPV	OPW IPV	OPV/ IPV
PCY7/ PCV13	7/		11	
PCVII PCVIS	PCV7/PCV13	PCV7/PCV13	PCV7/PCV13	PCV7/ PCV13
Hib	1 1 1 1	<del></del>	11	11
1 1	Ifib	Hib	Hib	STORY BEING
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nvitté	MAIR	HepB/HepB.2	HepB/HepB-2	HepB
VAR	1000			
WAR / /	NAR	RY-2/ RY-3	RY-2/ RY-3	RV-3
MCV4				
MCV4	VICA4	HPV	HPV	HPY
<del></del>			1 /	1 1
Hep A	Hep A	Td/ Tdap	Td/ Tdap	Td
· - / /			_ 1 /	, ,
Influenza	Influenza	PPSV23	PPSV23	STATE STATE OF THE PARTY OF
1 1		11		
Other:	Other:	Other;	Other:	Other:
	1 1 1		1 //	1

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

Screen	Height: Weight:   (inches) (pounds)	3MI: BM	II Percentile:B	P;Pulse:	Other:
Dental Screen	☐ Problem Identified: Referr ☐ No Problem: Referred for p ☐ No Referral: Already received	revention			
Tuberculosis Screen	All new enterers must have TB test of Risk Assessment: Mantoux Skin Test: Other: (type)	Date	Results: Results:	e within 12 months <u>prior</u> to so  Test Required Test  MM  MM	Not Required
Lead Test	Blood lead test required for child  Date: Result				
Other Screen	Hearing: Type: Vision: Type: Other: Type:	Date:	Results:		Yes

#### CHILD'S NAME\_

#### PART IV - COMPREHENSIVE EXAM

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

TOTAL CALCAL T		O1 1 ( )				
PHYSICAL		Check (✓)			HEALTH	
EXAMINATION	NORMAL	ABNORMAL	REFERR	AL PR	OVIDER O	COMMENT
General Appearance		<u> </u>				
Skin						
Eyes					<del></del>	
Ears					<u> </u>	
Nose/Throat						
Mouth/Dental		<u> </u>				
Cardiovascular						
Respiratory						
Thyroid						
Gastrointestinal						
Genito-Urinary						
Neurological						
Musculoskeletal						
Spinal examination						
Nutritional status						<del></del>
Mental health status						
Recommendations or	· Referrals:					
	DIAGNOSIS		4	NCY PLAN		PLAN OR RIPTION
			EMERGEN ATTA		PRESC	
			4		PRESC	RIPTION
			ATTA	CHED	PRESC PLAN A	RIPTION ITACHED
			ATTA	CHED	PRESC PLAN A	RIPTION ITACHED
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			ATTA	CHED	PRESC PLAN A	RIPTION ITACHED
			ATTA	CHED	PRESC PLAN A	RIPTION ITACHED
			ATTA	CHED	PRESC PLAN A	RIPTION ITACHED
			ATTA	CHED	PRESC PLAN A	RIPTION ITACHED
Print Name:  Physician (MD or DO)  Address:	DIAGNOSIS  Clinical Nurse	Specialist (APN)	ATTA YES  dvanced Practic	ŅO	PRESC: PLAN A' YES  Date Date	e: