

School Choice Application For Enrollment In the 2007 - 2008 School Year
Due by Wednesday, January 10, 2007 in the Receiving District
The student must be registered in their District of Residence before submitting a Choice application.

Please Print

1. Public School District you are applying to for Choice:

Caesar Rodney

State Student ID# _____
 District Use Only

(You must complete a separate application for each student.)

2. Student's Name — From Birth Certificate:

Last name	First	Middle	Birth Date: - -
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Age: _____

Sex: Female Male Race/Ethnicity: 1 American Indian 2 African American 3 Asian 4 Hispanic 5 White

3. If student is not currently enrolled in a Delaware public school, please provide a copy of the student's Birth Certificate or other verification of Child's year of birth.

4. Parent/Guardian Relative Caregiver Name:

Last name		First		MI	
Street address			Development		
City	State	ZIP	Home telephone	Work telephone	

Check if above address is different from that on file at school.
 If your child were to attend school in the district you live in, enter the name of the school he/she would attend.

5. Public School District in which you live:

Resident School

6. School Presently Attending:

Public Non-Public

Grade attending in 2006-2007

7. Are you applying for Kindergarten? No Yes

Check with the school district(s) to which you are applying to determine other kindergarten information.

8. School(s) you are applying to in priority order:

1st Choice _____
 2nd Choice _____
 3rd Choice _____

Acceptance Status		
<input type="checkbox"/> Invite	<input type="checkbox"/> Waiting	<input type="checkbox"/> Not Accepted
<input type="checkbox"/> Invite	<input type="checkbox"/> Waiting	<input type="checkbox"/> Not Accepted
<input type="checkbox"/> Invite	<input type="checkbox"/> Waiting	<input type="checkbox"/> Not Accepted
District Use Only		

Please NOTE: **Both sides of this form MUST be completed.**

District Use Only		
Date Request Received: _____	Date Request Withdrawn: _____	Date Student Notified: _____
Date Invitation Accepted/Refused: _____	School: _____	Grade _____
Good Cause Application _____		

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9. Program Desired (if applicable):

10. Does your child require handicap accessibility? No Yes

11. Is your child currently receiving special education services? If yes, a copy of the IEP MUST be attached. No Yes

12. What Language does your child usually use at home other than English?

Does your child need English as a Second Language services? No Yes

13. Does the student have any brothers or sisters attending the same choice school in 2006-07 and continuing in 2007-08? If yes, please complete the following:

Last name	First	MI		Birth Date:	Grade	School

14. Does the student have any brothers or sisters applying to the same choice school(s)? If yes, please complete the following:

Last name	First	MI	Birth Date:	School	Grade

15. Is your choice request due to child-care needs? No Yes If yes, please complete the following:

Child-care Provider: Not all Districts use this as a criteria for admission.

Last name	First	MI	
Street address			
City	State	ZIP	Telephone

16. I authorize the District to release the information needed by the Department of Education to determine eligibility for financial assistance for transportation to the choice school.

17. Parent, Guardian or Relative Caregiver Signature _____ Date: _____

(Signing this form authorizes the School District access to this student's records for purposes of evaluating this application)