

Delaware



Department of Education

School Choice Application for 2004³/₄05

General Information

- Deadlines for applying: (applications are to be received by the desired choice district office)
Students applying for grades 1-12: **January 14, 2004**
Students applying for kindergarten: **first day of the school year**
- Delaware students may apply to one or more districts. Local school districts establish the number of choices within their districts.
- **Separate applications are required for each student; one application for each student and for each district.**
- Some school districts require more information than is on the state application form. Please check with the district(s) to which you are applying to determine what additional information is required.
- **Parent, or guardian acceptance of an invitation to enroll in a school of your choice commits the student to remain in that school for two years, or until the program or grade level configuration is completed, unless released by the district.**
- Late applications **may** be accepted by the choice district office for “good cause”. Call the appropriate district office for their policy on “Good Cause”.

Grade 1-12 Applications:

1. School boards must consider the application before the **end of February 2004**. Applicants will be notified about the school district’s action within a few days of the board meeting. The response will include one of three answers: (1) invited to enroll, (2) placed on a waiting list, or (3) not accepted.
2. Applicants who are special education students must have a current copy of their Individualized Education Program (IEP) attached to the application. It is the responsibility of the applicant to get the copy from the present school and attach it to the application. The application **will not** be considered without this information.
3. Initial invitations must be accepted or rejected by the applicant in writing. Responses must be received by the choice district office on or **before March 15, 2004**. If no response is received from the applicant, the invitation will be considered to have been rejected.
4. If more than one school district extends an invitation, please make your selection as soon as possible so the rejected position for next year can be offered to another student.
5. As openings in a school and grade become available, the school district may invite applicants who are on the waiting list. Please respond to these invitations as soon as possible.
6. Invitations to waiting list applicants who live in another school district must be accepted by a written confirmation and be received by the choice district office at a time established by the district, but no later than **April 19, 2004**. After this date, the invitation will no longer be valid.
7. Invitations are for specific schools and specific grades — if a student is not promoted this year he/she may not be eligible to enroll in the choice school because of space limitations. If this happens, immediately contact the accepting school district.

Kindergarten Applications

School boards must consider the application before **June 15, 2004, or within 45 days of receipt**. Applicants will be notified about the school district’s action within five (5) days of the board meeting. The response will include one of three answers: (1) invited to enroll, (2) placed on a waiting list, or (3) not accepted. **The student must have had their fifth (5th) birthday on or before August 31, 2004. Check with the school district(s) to which you are applying to determine other kindergarten information.**

Transportation

If parents choose to send their children to a public school outside of the district where they live, they are responsible for getting their children to the school or to a bus stop on that school’s route. Financial assistance is available to help with family transportation costs if **ALL** of the following four conditions are met:

1. Your child is attending school in a district other than the school district in which you live,
2. Your child is enrolled in the free or reduced price lunch in the National School Lunch Program,
3. Your child is eligible for transportation because your child is in **elementary school (grades K-6)** and you live more than **one mile** from the school your child is attending, **or** if your child is in **secondary school (grades 7-12)**, and you live more than **two miles** from the school your child is attending,
4. Your child is **not** receiving transportation or must go more than ½ mile to the bus stop.

School Districts That May be Chosen

The number of students that a district can accept in a particular school and grade will be determined by the receiving district's board of education based on the building's capacity, class size policy, the program requirements and the projected enrollment for each school and grade for the next school year or other criteria determined by the board.

Appoquinimink School District

Central Office 376-4105
118 S. Sixth Street, Box 4010
Odessa, DE 19730-4010
Contact Person: Barbara Summers
Barbara.Summers@appo.k12.de.us

Brandywine School District

Administrative Office 793-5049
1000 Pennsylvania Avenue
Claymont, DE 19703-1237
Contact Person: Tom Alderson
tom.alderson@bsd.k12.de.us

Caesar Rodney School District

Paul L. Dunbar Administration Building 697-2173
219 Old North Road, P.O. Box 188
Camden-Wyoming, DE 19934-1252
Contact Person: Larry E. Harrison
larry.harrison@cr.k12.de.us

Cape Henlopen School District

District Office 645-6686
1270 Kings Highway
Lewes, DE 19958-1798
Contact Person: Lynda Clifton
Lynda.Clifton@cape.k12.de.us

Capital School District

Central Office 672-1952
945 Forest Street
Dover, DE 19904-3498
Contact Person: Sharon Moran
smoran@capital.k12.de.us

Christina School District

School Choice Office 454-2531
83 East Main Street
Newark, DE 19711-4671
Contact Person: Deborah Rodenhouser
rodenhouserd@christina.k12.de.us

Colonial School District

Administrative Office 323-2873
318 E. Basin Road
New Castle, DE 19720-4200
Contact Person: Monroe B. Gerhart
mgerhart@colonial.k12.de.us

Delmar School District

Central Office 846-9544
200 N. Eighth Street
Delmar, DE 19940-1399
Contact Person: George Stone
gstone@delmar.k12.de.us

Indian River School District

Indian River Educational Complex 436-1000 ext 153
RD 2, Box 156
Selbyville, DE 19975
Contact Person: Jay Headman
jheadman@irsd.k12.de.us

Lake Forest School District

Central Business Office 284-3020
5423 Killens Pond Road
Felton, DE 19943-9801
Contact Person: Frances McCreedy
famccreedy@lf.k12.de.us

Laurel School District

Central Administrative Office 875-6100
1160 South Central Avenue
Laurel, DE 19956-1413
Contact Person: Linda Schenck
lschencka@laurel.k12.de.us

Milford School District

Central Office 422-1638
906 Lakeview Avenue
Milford, DE 19963-1799
Contact Person: Judy Passwaters
jpasswat@mail.milford.k12.de.us

Red Clay School District

Administrative Office 683-6645
2916 Duncan Road
Wilmington, DE 19808
Contact Person: Susan E. Kanicki
susan.kanicki@redclay.k12.de.us

Seaford School District

Central Office 629-4587 extension 274
390 N. Market Street Extended
Seaford, DE 19973-1433
Contact Person: Kelley Boyce
kboyce@seaford.k12.de.us

Smyrna School District

Central Office 653-8585
22 South Main Street
Smyrna, DE 19977-1493
Contact Person: Ronald Eby
EbyRonald@smyrna.k12.de.us

Woodbridge School District

Central Office 349-1421
48 Church Street, P.O. Box 427
Bridgeville, DE 19933-0427
Contact Person: Kay Lewis
klewis@wsd.k12.de.us

School Choice Application
 For Enrollment In the 2004 — 2005 School Year
Due by January 14, 2004 in the Receiving District

Please Print

State Student ID# _____
District Use Only

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

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

2. **Student's Name ³/₄ From Birth Certificate:**

Last name	First	Middle	Birth Date: - -
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3. **If student is not currently enrolled in a Delaware public school, please provide the following student information and forward a copy of the students Birth Certificate:**

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

4. **Parent/Guardian Name:**

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

Check if above address is different from that on file at school.

5. **Public School District in which you live:**

6. **School Presently Attending:** Public Non-Public **Grade attending in 2003-2004**

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 choice school(s)/district in 2003-04 and continuing in 2004-05? If yes, please complete the following:

Last name	First	MI	Birth Date:	Grade	School	District
Last name	First	MI	Birth Date:	Grade	School	District

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

Last name	First	MI	Birth Date:	School	Grade
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:

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 Signature _____ Date: _____

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