



DELMAR SCHOOL DISTRICT Registration Packet 2022-2023



TO: Parents and Families of Incoming Students

Welcome to the Delmar School District. As you begin the registration process, please carefully read all the information that pertains to the registration process. It is imperative that you complete the enrollment application and have all the required paper work and documentation necessary and required by Law. The following summary outlines the documentation that is required:

REQUIRED DOCUMENTS IN ORDER TO REGISTER

- ☐ Current Immunization Record compliant with Delaware Code (within 2 years)
- ☐ Current Physical (within 2 years)
- ☐ Original Birth Certificate
- ☐ Original Social Security Card
- ☐ Current Proof of Residency (*Lease/Mortgage/Signed Rental Agreement, Electric Bill, Water Bill, and/or Heating Bill*)
- ☐ Parent Verification with Date of Birth (*Driver License, Picture ID*)
- ☐ Current Custody Order (*if applicable*)
- ☐ Student Individualized Education Plan (IEP) (*if applicable*)
- ☐ Student 504 Plan (*if applicable*)
- ☐ Enrollment Criteria of Resident Students
- ☐ Health Requirements including Tuberculosis Test (Mantoux or QFT) with results or waiver from Health Care Provider within the last year)

ENCLOSED DOCUMENTS MUST BE COMPLETED IN ORDER TO REGISTER

- ☐ Completed Enrollment Form
- ☐ Completed Maryland One-Time Option Residency Verification
(*To be completed by Maryland residents who are seeking to fulfill the **one-time option***)
- ☐ Completed Residency Verification
- ☐ Completed Custody Verification Form
- ☐ Completed Home Language Survey
- ☐ Completed Military Connected Form
- ☐ Completed Migrant Education Program Survey
- ☐ Completed McKinney-Vento Student Residency Questionnaire
- ☐ Completed Tuberculosis (TB) Risk Assessment Questionnaire for Students

Enrollment Criteria for Resident Students

In accordance with the laws of the State of Delaware and with the policies and regulations of the State Board of Education, all children who are legal residents of the Delmar School District have the right to a free and appropriate education. Pursuant to that, the Delmar Board of Education recognizes its obligation to establish administrative regulations for the admission/enrollment of children into its schools. Such regulations should take into consideration information relating to:

- Legal guardians
- Legal residence
- Health data
- Date of birth
- Academic records
- Behavior records

Maryland residents attending the Delmar Elementary School or moving into Delmar, Maryland who reside in the attendance area for the Delmar School District have a one-time option to enroll in the Delmar School District and are required to sign the affidavit JECC-E, Maryland Residency Verification Form enclosed in this packet.

I. New Student Enrollment Procedures

The student must be accompanied by a custodial parent or legal guardian – unless over the age of eighteen, in which case the student may enroll him/herself.

1. The student must be living with parents or legal guardians. If a legal petition has been filed, the student may be enrolled temporarily pending court action. A copy of this petition should be on file.
 - a. “In cases in which one parent is awarded sole custody, the child shall be considered a resident of the district in which the sole custodian resides.
 - b. In cases in which the parents are granted joint custody, the child shall be considered a resident of the district in which the primary residential parent resides.
 - c. In cases in which the parents are granted shared custody, the child may be a resident of either parent’s district.(Title 14, Delaware Code)”
2. The student and parent/guardians must be residents of the Delmar School District. This is to be verified to the satisfaction of the district with proof of residency such as a lease/mortgage/rental agreement, utility bill (gas, electric, water), or other approved documentation.
3. Student birth dates must be verified from the birth certificate, or from a hospital record, or from a baptismal/christening record, or from a previous school’s records.
4. The Delmar School District Enrollment Form must be completed and signed.
5. Academic records must be secured as soon as possible to facilitate proper placement. Unofficial copies may be accepted from parents, but the “Request for Student Records” form should be signed so that official transcripts and folders may be released from the previous school.

Health Requirements

According to Delaware Code (Title 14, section 131 and Title 16, chapter 26) and Department of Education Regulations (804 and 805), all children entering our school for the first time are required to show proof of the following at time of registration. **These are MANDATORY for your child to be able to enroll in our district.** It is your responsibility to obtain this information from your child's health care provider and bring this documentation with you when you enroll your child in the Delmar School District. If you have any questions, please notify the nurse's office at 302-846-9544, ext. 114.

1. Immunizations Required

- 5 or more doses of DTaP, DTP, or TD vaccine (unless 4th dose was given after the 4th birthday)
- 4 doses of polio vaccine (unless the 3rd dose was given after the 4th birthday)
- 2 doses of measles, mumps, rubella (MMR) vaccine (first dose after age of 12 months, 2nd dose after 4th birthday)
- 3 doses of Hepatitis B vaccine (Titers are NOT acceptable in lieu of completing the vaccine series)
- 2 doses of Varicella vaccine (chicken pox) or proof of disease by health care provider

In addition to the above, all students entering HIGH SCHOOL must ALSO have the following vaccines.

- 1 dose of Meningitis (given AFTER the 11th birthday)
- 1 ADDITIONAL dose of Tdap (given AFTER the 11th birthday)

2. Physical —Current, within the last (2) two years)

- Please bring a copy of the completed physical when you enroll your child. It does not need to be on a specific form— whatever your health care provider uses will be sufficient. However, if your health care provider requests a form, a form is available in the main office, school nurses' office, and on our school website (www.delmar.k12.de.us)
- If your child is participating in sports, the physical MUST be on a DIAA Sports Physical form. You may download this form from our school website, or it is available in our main office.

3. Tuberculosis:

Results of a Mantoux screening (PPD) completed within the past 12 months. IF your child has had a positive reaction to a TB test, it should not be repeated but verification will be needed from your health care provider or clinic of the positive results. **Your child's health care provider may waive the skin test, in which case, written documentation will need to be provided. This is called a "risk assessment".**

You should contact your Primary Care Provider as soon as possible to obtain any needed immunizations. Once your child receives the needed immunization, please send verification of this to the school to complete your child's enrollment.

Failure To Supply Such Evidence May Exclude Your Child From Attending School!

Enrollment Form

Date of Enrollment: Grade: State I.D. #

Student Information

Social Security Number:

Last Name

First Name

Middle Name

Date of Birth: Sex: ☐ Male ☐ Female Place of Birth:

Ethnic Origin (*check all that apply*):

☐ American Indian/ Alaskan Native

☐ Hispanic/Latino

☐ African American /Black

☐ Caucasian/White

☐ Asian

☐ Native Hawaiian/Pacific Islander

Address (*including Development name, if applicable*):

Home Phone:

Did you child received free/reduced lunch at their previous school? ☐ Yes ☐ No

Health Concerns: Is the child taking any medication(s) we should be aware of? ☐ Yes ☐ No
If so, explain:

Family Information:

Legal Guardian Name (1):

Relationship to child

Cell Phone:

Email Address:

Legal Guardian Name (2):

Relationship to child

Cell Phone:

Email Address:

If the child is not living with the biological parents (mother and/or father) the Custody Order must be attached to the registration form which is required prior to enrollment.

Employment Information:

Father/Guardian 1 Place of Employment: Phone:

Mother/Guardian 2 Place of Employment: Phone:

Marital Status of Parents: ☐ Married ☐ Divorced ☐ Separated ☐ Deceased [☐ Mother ☐ Father] ☐ Single

Other Children living in the home:

Name	Age	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Academic Information: Is the child receiving additional services? (*Check all that apply*)

☐ Special Education (*Include IEP with registration*) ☐ 504 Accommodation Plan

Other Services: ☐ Speech ☐ Extra Reading/Math Help ☐ English as a Second Language (ESL) ☐ Other

Name and address of previous school:

School District: Phone Number:

Maryland Residency One-Time Option Verification Form

This One-Time Option Verification Form should be completed **only** by Maryland residents who have —

1. Students presently enrolled in the Delmar Elementary School (4th Grade).
2. Students moving into **Delmar, Maryland** who reside in the attendance area for the Delmar School District that have **not** attended the Delmar Elementary School.

If you elect to enroll in the Delmar School District you agree that your child will be subject to all the Delmar School District (board approved) disciplinary procedures including suspension and expulsion. You will not be permitted to withdraw your child from the Delmar School District and re-enroll in a Wicomico County school in order to avoid disciplinary proceedings.

You also acknowledge that if for any non-discipline related reason you elect to return your child to a Wicomico County school, the **one-time option** will expire, and your child cannot return to the Delmar School District.

I, certify that I am the parent or legal guardian of who I am enrolling in the Delmar School District. I further certify that the student legally resides with me at the following address;

and is a resident of the Delmar School District.

By signing this legal and binding Verification you agree to certain important terms and conditions of your child attending the Delmar School District.

I wish to exercise my **one-time option** for my son/daughter to attend the Delmar School District and am agreeing to the terms and conditions in the admission policy.

I understand that any misinformation being provided here could result in legal proceedings and/or the immediate removal of the student from the Delmar School District.

Parent/Guardian Name (Printed)

Parent/Guardian (Signature)

Date

Residency Verification Form

Student Name: Grade to Enter:

Parent/Guardian Name:

Address:

Home Phone: Cell Phone: Work Phone:

In order for a student (under the age of 18) to attend school in the Delmar School District, the student must (*check one*):

- ☐ Reside with a natural, custodial parent within the Delmar School District. —OR—
☐ Reside with a legal guardian within the Delmar School District. (Documentation from Family Court is required) —OR—
☐ Reside with a primary relative caregiver within the Delmar School District. (Must present complete, notarized caretaker form.) ***The child's residency with the caregiver is not for the purpose of attending a particular school, circumventing the enrollment Choice Program, participating in athletics at a particular school or taking advantage of special services or programs offered at a particular school.***

Parent/Guardian Identification Verification:

Driver's License #: State: Date of Birth:

Note: Proof of district residency is required (utility bill, mortgage/rental lease, etc.)

The Delaware Department of Education requires the following questions be answered:

- Has your family changed homes within 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 ever worked with watermelons, potatoes, mushrooms, corn, apples, chicken, or shellfish?*)
☐ Yes ☐ No

Parent/Guardian/Relative Caregiver Verification Statement: I/we verify that I/we, am/are the

☐ natural, custodial parent ☐ legal guardian ☐ relative caregiver
of who wishes to enroll in the Delmar School District.

I/we verify that the student named resides with me/us and that our residence is within the Delmar School District. I/we certify that all the information above and on the enrollment form is accurate and correct.

Falsifying information on this form is punishable by law.

Signature

Date

Signature

Date

Office Use: (Staff initial that documents were sent/received):

____ Birth Certificate
____ Immunization Record
____ Report Card
____ Transcript (9-12)
____ Sp. Services Info.
____ Discipline/eSchool Records
____ Proof of Residency

____ Social Security Card
____ Custody Order
____ Relative Caregiver Affidavit
____ Parent Driver's License
____ Transportation

Bus #: _____
Cafeteria #: _____
Computer Password: _____
Nurse _____
Student ID#: _____
Records Request: ☐ Fax ☐ Mail
Records Received _____



DELMAR SCHOOL DISTRICT

Delaware's True "Neighborhood School!"

200 North Eighth Street • Delmar, Delaware 19940
Phone (302) 846-9544 • Fax (302) 846-2793

CUSTODY VERIFICATION FORM

Date: _____

I am registering my child, _____ at Delmar Middle-Senior High School.

_____ I have indicated that there are **no custody papers** concerning my child. In the absence of such papers, I understand that if my child's father/mother comes to school, he/she will be allowed to visit with or pick up my child from school and have access to my child's school records.

_____ There is a custody agreement and **I will provide court papers within 5 days of registering my child.** In the absence of such papers, I understand that if my child's father/mother comes to school, he/she will be allowed to visit with and/or pick-up my child from school and have access to my child's school records.

Parent/Guardian Signature



DEPARTMENT OF EDUCATION

Townsend Building
401 Federal Street Suite 2
Dover, Delaware 19901-3639
<http://education.delaware.gov>

Mark A. Holodick, Ed.D.
Secretary of Education
(302) 735-4000
(302) 739-4654 - fax

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.)



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Departamento de Educación de Delaware - Encuesta sobre el idioma que se habla en el hogar

Fecha: _____

Escuela: _____

Spanish

El Departamento de Educación de Delaware exige a las escuelas que determinen el/los idioma(s) que los estudiantes hablan en el hogar. La información proporcionada solo será utilizada para decidir si el estudiante reúne los requisitos para comenzar el proceso de adquisición del inglés como segunda lengua y no será utilizada para temas relacionados con la inmigración ni se informará a las autoridades migratorias.

Información sobre el estudiante

Nombre:		País de origen:	
Apellido:		Fecha de ingreso en EE. UU.:	
Fecha de nacimiento:		Fecha en la que el estudiante se inscribió por primera vez en una escuela de EE. UU.:	

Haga un círculo en los grados a los que su hijo asistió en escuelas de EE. UU.

PK K 1 2 3 4 5 6 7 8 9 10 11 12

¿Durante cuántos meses el estudiante ha estado inscripto en una escuela de EE. UU? _____

1. ¿Cuál fue el primer idioma que aprendió su hijo?

Idioma: _____ Dialecto: _____

2. ¿Cuál es el idioma que su hijo usa con mayor frecuencia en el hogar?

Idioma: _____ Dialecto: _____

3. ¿Cuál es el idioma que usted utiliza con más frecuencia para hablar con su hijo?

Idioma: _____ Dialecto: _____

4. ¿Qué idioma (s) aparte del inglés se hablan en su casa?

Idioma: _____ Dialecto: _____

5. ¿Con qué idioma preferiría recibir información de la escuela?

Idioma: _____ Dialecto: _____

Nombre del padre

Firma del padre

Fecha

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.)



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

Dear Parent/ Guardian,

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: _____ Date: _____

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.



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', you may stop here. You do not need to complete this form.

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: _____

(Rev 8/2017)

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

Delaware Department of Education
CONFIDENTIAL TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE
FOR STUDENTS¹

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.

Please consider the following questions and circle only ONE response in the box below⁵

Can you answer "yes" to any of the questions below?	
<ol style="list-style-type: none">1. Has your child had close contact² with anyone with an active infectious TB disease?2. Was any household member, including your child, born in or has he/she traveled to area(s) where TB is common? Per the Delaware Division of Public Health, this includes birth, travel or residency in a country with an elevated TB rate for at least 1 month. This includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.3. Does your child have regular close contact with adults at high risk for TB (e.g. those who are HIV infected, homeless³, incarcerated⁴, and/or illicit drug users)?4. Does your child have a history of living in a shelter, incarceration, or illicit drug use?5. Does your child have any health conditions or take any medications that might affect his/her immune system increasing their risk for developing active TB (such as organ transplant recipient, diabetes, chronic renal failure, malnutrition, HIV/AIDS, TNF-alpha antagonists ["biologics"], or steroids [equivalent op prednisone $\geq 2\text{mg/kg/day}$ or $\geq 15\text{mg/day}$ for ≥ 2 weeks)?6. Has your child ever had a positive test for tuberculosis?	YES <input type="checkbox"/> NO <input type="checkbox"/>

A "yes" response to question 1-6 indicates probable previous exposure to TB, and requires medical follow-up to evaluate medical status.

This child has been screened by his/her school nurse for risk of exposure to tuberculosis. Based upon the results of the TB Risk Assessment Questionnaire the child requires written documentation related to current disease status or a Tuberculosis Test.

TB testing and documentation must be completed and given to the school nurse by ____/____/____ (date) or your child will be excluded from school.

School Nurse Comments: _____

School Nurse (signature): _____ Date: _____

Parent/Guardian (signature): _____ Date: _____

I give permission for the school nurse and my child's primary care physician _____ to share information related to this form.

¹TB assessment is required by Regulation 805, <http://regulations.delaware.gov/AdminCode/title14/800/805>. This questionnaire was developed by the Delaware Department of Education and the Division of Public Health. Revised 7/1/13, 5/2015, 4/2018, 12/2019.

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

³The term "homeless" means a situation where the person lived in a shelter or with others.

⁴Incarceration should be longer than one week

⁵To maintain confidentiality of medical information, the parent/guardian should not provide an individual answer to each question. The response of "yes" indicates that at least *one* of the six questions is correct, which means a possible exposure. The parent/guardian should not indicate which one.