

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 2024 – 2025 School Year

Applications Accepted from **Monday, November 6, 2023 to Wednesday, January 10, 2024**

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 currently registered in a public school in the State of Delaware must be registered in their School of Residence before submitting a Delaware Standard Application for Educational Options.

State Student ID#: _____
RLEA Use Only

Please Print

1. Are you applying for Kindergarten? ☐ No ☐ Yes

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

1 st Choice	
2 nd Choice	
3 rd Choice	

3. Program Desired (if applicable):

4. Student's Name:

Last name	First	Middle	Birth Date:
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Sex:

Female ☐ Male ☐

Ethnicity: (optional)

Hispanic or Latino Yes ☐ No ☐

Indicate this student's race below (optional). Please select at least one race, regardless of ethnicity designation above.
More than one response may be checked.

1 American Indian/AK ☐ 2 African American ☐ 5 Caucasian ☐ 6 Asian ☐ 7 Native Hawaiian or Other Pacific Islander ☐

5. Parent/Guardian/Relative Caregiver Name: (Please Check Which Telephone Number is Your Preferred Method of Contact)

Last name		First	MI
Street address			
City	State	Zip	
<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Work Phone:	<input type="checkbox"/> Cell Phone:	
Email address			

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

6. Resident District and Resident School for 2024-2025 School Year: (Please Enter the Name of the Delaware Public School District and School Attendance Area You Live In)

Resident District:	Resident School:
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7. Present School Information: ☐ Public ☐ Non-Public

Current School (2023-2024 School Year):	Current Grade (2023-2024 School Year):
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8. Is Your Request for an Educational Option Related to Child Care Needs? ☐ No ☐ Yes (see below)

If YES, you MUST complete the following for your Child Care Provider:

Last name	First	MI
Street address		
City	State	ZIP
		Telephone

9. Please list any brothers or sisters CURRENTLY ATTENDING and EXPECTED TO CONTINUE TO ATTEND the REQUESTED EDUCATIONAL OPTION in Question #2 for the 2024-2025 and 2025-2026 School Years:

Last name	First	MI
Birth Date:	School:	Grade:

Last name	First	MI
Birth Date:	School:	Grade:

10. Please check your preferred language for all written correspondence: English ☐ Spanish ☐

11. Is there a custody and/or court order in place for the child for whom this application is being submitted?

☐ No ☐ Yes (see below)

If yes, are you the parent or legal guardian named in the custody and/or court order that can make educational decisions for the child for whom this application is being submitted?

☐ Yes (a copy may be requested by the receiving local education agency) ☐ No

This application provided by the Delaware Department of Education (DDOE) MUST be submitted by the parent of a school age child on or after Monday, November 6, 2023 and on or before Wednesday, January 10, 2024, to the receiving local education agency or the DDOE and to the child's district of residence for enrollment during the 2024-2025 school year. Charter schools, vocational-technical school districts, and magnet schools may continue to accept applications after the January 10, 2024 deadline to fill remaining availability; however, only applications received by the January 10, 2024 deadline will be included in any lottery held by those institutions. This application provided by the Delaware Department of Education (DDOE) may be submitted by a parent enrolling their child in kindergarten to the receiving district up until the first day of the school year for enrollment in kindergarten during the 2024-2025 school year.

This application provided by the Delaware Department of Education (DDOE) may be submitted by the parent of a school age child after the January 10, 2024, deadline if "good cause" as defined in 14 Del.C., §402(2) exists. The receiving local education agency and district of residence shall accept and consider the application in the same manner as those applications submitted by the deadline. The board of the receiving local education agency shall take action to approve or disapprove the application filed in accordance with the provisions of 14 Del.C., §403(b) no later than 45 days after receipt thereof, unless the application is received prior to a lottery conducted as outlined in a local education agency's enrollment policy in the case of over-enrollment. Charter schools, vocational-technical school districts, and magnet schools may continue to accept applications after the January 10, 2024 deadline to fill remaining availability.

This application provided by the Delaware Department of Education (DDOE) may be withdrawn by the parent of a school age child any time prior to action taken by the receiving local education agency board. The parent shall give written notice to the board(s) of the receiving local education agency and the child's district of residence.

NOTE: Once this application is received, additional information may be requested.

I certify that I am a current resident of the State of Delaware and that all of the statements on this application made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand and acknowledge that any misstatements or omission of material facts in the application form may result in the rejection of the application form, disqualification from the lottery process if applicable, withdrawal of invitation offer, and/or termination of school choice by the receiving local education agency to which I applied.

Parent/Guardian/Relative Caregiver Signature:	Date:
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RD Use Only			
Date App. Rec'd: _____	Date App. Withdrawn: _____	Date Student Notified: _____	Date Invitation Accepted/Refused: _____
School: _____	Grade: _____	Good Cause App.: _____	

Sussex Academy
Addendum Application to Delaware Standard Application
 School Year: 2024 - 2025
 Open Application Period: November 6, 2023- January 10, 2024

Student Name

Last	First	Middle Initial
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Current Grade (Check One)	<input type="checkbox"/> PK <input type="checkbox"/> KN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
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Grade for which you are applying (check one)	<input type="checkbox"/> KN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11
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Preference Status as outlined in Policy 501 Admissions and Enrollment	I am seeking Preference status for my child: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list any siblings <u>currently attending</u> Sussex Academy	Current Grade

Please list any siblings <u>also applying</u> for 2024-2025 school year <small>(Note: Each student applying requires a separate application)</small>	Grade Applying For

Parent/Guardian Signature:		Date:	
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For Office Use Only: Date Received: _____ 2023-24 Grade ____ App No: _____ Pref: Y or N

Sussex Academy does not discriminate in employment or educational programs, services, or activities based on race, religion, age, gender, national origin, or disability in accordance with state and federal laws.

Return completed application to Sussex Academy, 21150 Airport Road, Georgetown, DE 19947.
NO FAXED OR EMAILED applications will be accepted. To be considered, all two (2) pages of this application must be completed and returned. Once openings are filled, remaining applicants will be placed on a waiting list. All applicants will be notified of their status by email.

Parents, please respond to the following questions:

Is your child a self-motivated learner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child work well in an independent academic environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child work well in small groups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child respond positively to instructional challenges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child currently receiving special education services such as an IEP or a 504 Plan? (If yes, attach copy of current IEP or 504)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Why is Sussex Academy a good choice for your child?

- ☐ I understand that if my child is newly enrolled (in first year) at Sussex Academy that he/she is required under Delaware statute to remain at Sussex Academy for one year in the absence of any condition constituting good cause.
- ☐ I understand the Student Code of Conduct, contents of the Student Handbook and other school expectations relative to technology fees, curriculum/instruction, school uniforms/decorum/dress, parent involvement. I agree to abide with those expectations, rules, and procedures established by the school.
- ☐ I certify I am a Delaware resident AND my district residency information is correct.

Parent Signature _____ Date _____

Return completed application to Sussex Academy, 21150 Airport Road, Georgetown, DE 19947.
NO FAXED OR EMAILED applications will be accepted. To be considered, all two (2) pages of this application must be completed and returned. Once openings are filled, remaining applicants will be placed on a waiting list. All applicants will be notified of their status by email.