



2024-2025 Transportation Contract

Student Name: _____ Entering Grade: _____

Bus stops and routes are established during the summer. Bus stops and times will be sent out to families in mid-August. *Please note: If you indicate that you will not be utilizing bus transportation, we cannot guarantee change requests will be accommodated once school begins. If you think you may need to use a bus at a later time, please let us know now.*

I will **NOT** be utilizing bus transportation provided by FSMA for the upcoming school year. I take responsibility for getting my child to school on time as noted in the Student Rights and Responsibilities Manual.

I will be utilizing bus transportation provided by FSMA for the upcoming school year. FSMA utilizes “Area Bus Stops” (centrally located to groups of students with parking available; subject to change). It is the responsibility of the adults to get the child to the “area bus stops” safely.

I will be using an area bus stop. **Please choose only one bus stop per student.**

- | | |
|---|--|
| 3rd & Madison St | Elsmere (Sunoco/Elsmere Library) |
| 6th & Bancroft Pkwy | Fairfax (Sandra & Thomas) |
| 7th & Church St | Governor's Square Shopping Center (Bear) |
| 10th & Jefferson St | Graylyn Crest (Floral & Knowles) |
| 10th & Franklin St | Green Acres (Athens & Grinnell) |
| 18th & Monroe St | Kids Ink (345 School Bell Rd, Bear) |
| Bellevue Community Center (Duncan Rd) | Linden St & Bancroft Pkwy |
| Bonsall Park | Nemours Child Dev. Cntr (Rockland Rd) |
| Bowlerama (New Castle Ave) | Old Recycling Ctr (Wilmington Rd & Chestnut St) |
| Can-Do Playground Parking Lot (Weldin Rd) | Old Wawa (531 E Basin Rd) |
| Carrcroft (Ivydale & Crest) | Omega Shopping Ctr (4607 Ogletown-Stanton Rd) |
| Chalfonte (Dogwood & Berwyn) | Peniel Church (E Market St, Newport) |
| Chatham (Chatham & Graylyn) | Rockwood Park (Lower Level Parking Lot) |
| Chestnut Hill Plaza (Route 4/72, Newark) | Siegel JCC Delaware (Garden of Eden Rd) |
| Church of the Holy Child (Naaman's Road) | Small Stepping Stones (1408 Clifford Brown Walk) |
| Claymont Library | Stapler Park (16th & Bancroft Pkwy) |
| Concord Pet (Rt 141 & Faulkland Rd) | Super G Market (New Castle Ave) |
| DuPont & Beech St | Talley Day Park (Foulk Rd) |

I will be using a before/aftercare facility who provides their own transportation.

Walnut St YMCA Camp Promise Christina Cultural Arts Ctr Choir School of DE

Other Aftercare with Transportation: _____

Notes to Transportation Coordinator:

Parent Name: _____ Parent Signature: _____ Date: _____

Although there is no state requirement for meeting a child at the bus stop, FSMA will be requiring an adult to meet all Kindergarten and 1st grade students at their bus stop in the afternoon.



First State Montessori
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2024-2025

Emergency Contact Information

This form will be given to classroom teachers so they can contact you as needed

Student Name: _____ Entering Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s) Name(s) & Phone Numbers

_____	_____
_____	_____
_____	_____

Email addresses for school/classroom information:

In an Emergency, please contact the following people in the order they are listed:

Name	Phone Number	Alternate Phone Number



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2024-2025

Student Dismissal/Release List

Student Name: _____ Entering Grade: _____

Parent(s)/Guardian(s) Name(s)/Phone Number:

_____	_____
_____	_____
_____	_____

My child may be released to the following:

Name	Phone Number	Relationship to student

***PLEASE NOTE: All individuals will be required to show photo identification upon picking up a student.**

Parent/Guardian: _____

Signature: _____ Date: _____



First State Montessori
A c a d e m y

2024-2025

Photo/Film/Interview Consent Form

From time to time, our school will receive requests from the media to publicize our educational programs and student activities. In addition, we may photograph, quote and videotape our students for use in the school newsletter, website, and other promotional or training/educational materials. We ask for your consent to allow your student(s) to participate if and when this should happen.

I hereby authorize First State Montessori Academy (FSMA) to photograph, videotape, or film my child or permit the media to photograph, videotape or interview my child. I also authorize FSMA to use statements and/or comments about the programs, services, conditions, and personnel associated with my student's experience at FSMA.

I understand and agree that First State Montessori Academy (FSMA) and its employees will bear no responsibility for the content of any news media coverage in which such filmed interview, film, videotape, or photography may be used.

_____ I give my consent to this request

_____ I DO NOT give my consent to this request

Student's Name (please print): _____

Student's Grade: _____

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____

Date: _____



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

English/Spanish

Dear Parent/ Guardian,

Date: _____

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 within 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: _____

Address: _____ Apt. No. _____ City: _____ Zip: _____

Phone: _____ Best time to be reached _____ AM / PM Alternate or cell phone number: _____

DISTRICTS: The ORIGINAL document 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.



2024 – 2025 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 23, 2024.



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.)



PARENT/GUARDIAN AGREEMENT OF WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

To be signed by adults if the participant is under 18 years of age.

Acknowledgment and Assumption of Risk

The undersigned parent/guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved in participating in FSMA-related activities onsite and offsite (ex. field trips, bus transportation, sporting events, special programs, etc.). Permission slips for specific events will be covered by this release.

The undersigned parent/guardian and participant understand that this activity involves certain risks for physical injury to the participant. We also understand that there are potential risks of which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian and participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity.

The undersigned parent/guardian and participant understand that FSMA does not insure participants in FSMA-related activities, that any coverage would be through personal insurance, and FSMA has no responsibility or liability for injury resulting from such activities.

The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

- waives, releases, and discharges FSMA**, and its agencies, officers, and employees from any and all liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the activity or event; and
- defend, indemnify, and hold harmless FSMA**, its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Name of Student/Minor: _____ Grade _____

Signature of Parent/Guardian: _____ Date _____

Printed Name of Parent/Guardian: _____ Date _____

Witness: _____ Date _____