



**Congratulations!**

**Your student has been  
accepted to  
Cab Calloway School of the  
Arts.**

# REGISTRATION PACKET

**Please read carefully and to  
the very end.**

Congratulations on being accepted to Cab Calloway School of the Arts for the 2017-2018 school year!

In order for you to be accepted and enrolled, the registration packet items **must** be returned by March 17, 2017. **Without all the required information, your acceptance will not be processed. If no response is received from the applicant, the invitation will be considered to have been rejected.**

**Final acceptance is based upon successful completion of current grade level and promotion into the grade level student was accepted for at CCSA.**

**Please make sure your student's name and grade is written on each page returned.**

**Registration Packet Deadline  
March 17, 2017**

## Registration Requirements for 6<sup>th</sup> Incoming Students

Item	<u>Currently</u> attending Red Clay Public Schools	<u>NOT</u> currently attending Red Clay Public Schools
<b>Invitation Letter</b> Invitation must be accepted online.	X	X
<b>Student Data Card</b>	X	X
<b>Copy of Birth Certificate</b>		X
<b>Proof of Address</b> – See list of requirements below.	X	X
<b>Copy of Current Immunizations</b> This must include a Mantoux PPD skin test or TB risk assessment		X
<b>Current Physical</b> Must have been done within the last 12 months and signed and dated by MD. <b>SEE BELOW</b> for Qualifiers		X
<b>Copy of most recent report card</b>		X
<b>Sixth Grade Request Form</b> Please complete the request form at <a href="https://goo.gl/ynjrmh">https://goo.gl/ynjrmh</a> You will need your Student's school ID in order to complete this form. Course descriptions are located on the form and below.	X	X
<b>Teacher Math Recommendation Form</b>	X	X
<b>Copy of 4<sup>th</sup> grade Standardized Test Scores</b> (DSTP, Terranova, CTBS, ERB or any related standardized test scores).		X
<b>Delaware DOE Home Language Survey</b> EVERY blank must be completed	X	X

### QUALIFIERS FOR PHYSICAL:

**Required:** A current Mantoux PPD skin test or TB Risk Assessments must be completed for any incoming student coming from home school, private/charter school or are new Delaware state residents.

**Required:** If a physical has not been completed in the last 12 months, please make an appointment for one to be done by **August 1, 2017**. Please list the Doctor's name and date and time of the appointment on this line. \_\_\_\_\_

**Please make sure the student's name and grade is listed on each page returned.**

<b>2017-2018</b>	<b>District:</b>	<b>School:</b>
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For Office Use Only

<b>Student:</b>	<b>ID:</b>	<b>Gender:</b>	<b>Grade:</b>	<b>HMRM:</b>
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# Red Clay Consolidated School District

## Student Data Card

For Office Use Only

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Student Information			
2017-2018 Grade:			
First Name:			
Middle Name:			
Last Name:			
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		
Nickname:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> Female
Birth Date:			
Home Phone:		<input type="checkbox"/> Unlisted?	

Special Custody Information: If child lives with anyone other than mother or father listed on birth certificate please indicate:	
Name:	
Relationship:	
Custodial Papers on file with school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information	
Has the student been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have: (documentation required)	
IEP (Individualized Education Plan):	<input type="checkbox"/> Yes <input type="checkbox"/> No
504 Accommodation Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Difficulties:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Difficulties:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Race and Ethnicity Designation			
<b>Is this student Hispanic or Latino? (Select one answer.)</b> Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.			Yes
			No
<b>Indicate this student's race below. You must select at least one race, regardless of ethnicity designation. More than one response may be selected.</b>			
<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Native Hawaiian or Pacific Islander
<input type="checkbox"/>	Asian	<b>Select all that apply</b>	

Name/Address of Previous School, Pre-School or Day Care	
Name:	
Street/Apt:	
City:	
State:	Zip:
Phone:	
Fax:	

Please indicate Physical (Home) and Mailing address if they are different.			
<b>Physical</b>			
Address:			
Apt #:			
Development:			
City:			
State/Zip:			
<b>Mailing</b>		Same as Physical?	
Address:			
Apt #:			
Development:			
City:			
State/Zip:			

School Age Sibling Information			
Name:			
DOB:		Grade:	
School:			
Name:			
DOB:		Grade:	
School:			
Name:			
DOB:		Grade:	
School:			

**Information Regarding How the Red Clay Consolidated School District Shares Student Information**

The Red Clay Consolidated School District recognizes the need to protect student information and privacy while promoting educational and extra-curricular activities in district and outside media. Federal law (FERPA) permits the district to release directory information under limited circumstances. Directory information is information about a student that is generally not considered an invasion of privacy, such as name, address, photograph, activities, and sports. If you wish to opt-out of the district releasing this information or including your child in articles and photos, please visit <http://www.redclayschools.com/forms> or obtain an opt-out form from your child's school office.



# Proof of Address Requirements

**Two Proofs of Residence** – Parent, legal guardian or relative caregiver of child being registered is required to provide at least two documents from the lists below. The documents must contain the name and address of the parent, legal guardian or relative caregiver. Addresses must be the same on both documents.

## **AT LEAST ONE ITEM FROM GROUP A AND ONE ITEM FROM GROUP B MUST BE PROVIDED**

### **Group A**

- Copy of the most recent month's mortgage statement

(Copy of home settlement statement may be accepted in lieu of mortgage statement if the home was recently purchased and a mortgage statement has not been received)

- Rental agreement (showing legal parent, legal guardian, or relative caregiver as an occupant)
- Sewer bill (current year)
- Real estate tax receipt (current year)
- A recent original gas or electric bill

### **Group B**

- Current automobile registration card or automobile insurance policy statement
- Rental insurance policy statement
- Most current year's tax documents
- Pay check or pay stub (dated within the past 30 days)
- Two consecutive bank statements (dated within the past 90 days)
- Official US Postal Service change of address notification on returned mail (yellow label with new address should be attached to envelope next to the old address)
- Correspondence from a DE state agency such as DHSS, DSCYF, Department of Labor, and DSS

### **If living in a residence of another person (not a rental property):**

Both parties must complete an Affidavit of Multiple Occupancy. The owner of the property must provide at least one item from Group A and one item from Group B (listed above). The parent of the student being registered must provide at least two items from Group B (listed above).

### **If living in a rental residence of another person:**

Both parties must complete an Affidavit of Multiple Occupancy. The lessee must provide a copy of the current lease agreement and one item from Group B (listed above). If the parent/legal guardian/relative caregiver and child are on the leaseholder's lease agreement, they must provide one item from Group B (listed above). If the parent/legal guardian/relative caregiver and child are not on the leaseholder's lease agreement they must provide two items from Group B (listed above).



**RED CLAY CONSOLIDATED  
SCHOOL DISTRICT**

**Mervin B. Daugherty, Ed.D.**  
*Superintendent*

**Administrative Offices**  
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**CAB CALLOWAY  
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**Julie A. Rumschlag**  
*Dean*

**Dr. Joe C. Hocking**  
*Assistant Dean*

Dear Parent/Guardian

According to Delaware laws and regulations, all children entering school for the first time are required to have proof on file of the following:

**Immunizations**

- 5 or more doses of DTaP or DTP Td vaccine (unless 4th dose was given after the 4th birthday)
- 4 doses of IPV or OPV (unless the 3rd dose was given after the 4th birthday)
- 3 doses of Hepatitis B vaccine
- 2 doses of measles, mumps and rubella vaccine
- 2 doses of Varicella or a written disease history by a licensed healthcare provider
- In August 2016, entering 9th Graders must additionally have 1 dose Tdap (adult booster) and 1 dose meningococcal2 (In 8/2017 - Grades 9 & 10; in 8/2018 - Grades 9 - 11; 8/2018 - Grades 9 - 12)

**Health Examination**

- Current, within the two years prior to school entry and entry to 9th Grade (30 days from entry into 9th Grade)
- Acceptable physicals are the DIAA (Sports physical) or DE Student Health Form - Adolescent

**Tuberculosis**

- Results of Mantoux or risk assessment completed **within 12 months prior to school entry**

**Lead blood test**

- Documentation of test for children entering kindergarten or pre-school program (60 days from enrollment)

# DELAWARE STUDENT HEALTH FORM – ADOLESCENT

## Grades 7-12

To be completed by licensed healthcare provider:

Physician (MD or DO), Clinical Nurse Specialist (APN), Advanced Practice Nurse (APN), or Physician's Assistant (PA)

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) and your health care provider (Parts I, II and III). All students in Delaware public schools must provide documentation of current immunizations. Beginning in August 2016, students entering Grade 9 must have had an adolescent booster dose of Tdap and one dose of meningococcal vaccine. Additionally, a current (within 2 years) health examination is required upon school entry and prior to Grade 9.

### Talk with your health care provider about important issues<sup>1</sup> regarding your child, such as:

- Physical Growth and Development** (physical and oral health; body image; healthy eating; physical activity)
- Social and Academic Competence** (connectedness with family, peers, school, and community; interpersonal relationships; school performance)
- Emotional Well-Being** (coping; mood regulation and mental health; self-esteem; sexuality)
- Risk Reduction & Safety** (tobacco; alcohol or other drugs; pregnancy; STIs; infection; disaster planning)
- Violence & Injury Prevention** (safety belt and helmet use; substance abuse and riding in a vehicle; abuse protection; guns; interpersonal violence [fights/dating violence]; bullying)
- Immunizations**

### Immunizations Required for Newly Enrolled Students at Delaware Schools

#### GRADES 7-12:

- DTaP/DTP, Td/Tdap:** Completion of the primary series plus an adolescent booster dose of Tdap administered at age 11-12 or prior to entry into Grade 9.
- Polio:** 3 or more doses. If the 3<sup>rd</sup> dose was prior to the 4<sup>th</sup> birthday, a 4<sup>th</sup> dose is required.
- MMR<sup>2</sup>:** 2 doses. The 1<sup>st</sup> dose should be given on or after the 1<sup>st</sup> birthday. The 2<sup>nd</sup> dose should be given after the 4<sup>th</sup> birthday.
- Hep B<sup>2</sup>:** 3 doses. For children 11 to 15 years old, two doses of a vaccine approved by CDC may be used.
- Varicella<sup>3</sup>:** 2 doses. The 1<sup>st</sup> dose must be given on or after the 1<sup>st</sup> birthday.
- Meningococcal:** 1 dose is required for entry into Grade 9. A second dose is recommended by the Division of Public Health for all adolescents.

### Immunizations Strongly Recommended by the Delaware Division of Public Health

- Influenza (seasonal) vaccine:** *each year* for *all* children (6 months and up).
- Human papillomavirus vaccine (HPV):** all girls and boys (ages 11 or 12)
- Pneumococcal vaccine (PCV13):** children with specific risk factors
- Pneumococcal vaccine (PPSV):** certain high risk groups
- Hepatitis A:** unvaccinated children who are or will be at increased risk

<sup>1</sup>Clinicians refer to: Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, (3<sup>rd</sup> ed.) AAP, 2008

<sup>2</sup>Disease histories for measles, rubella, mumps and Hepatitis B will not be accepted unless serologically confirmed.

<sup>3</sup>Varicella disease history must be verified by a health care provider to be exempted from vaccination.

<sup>4</sup>A new school enterer is a child entering a Delaware school district for the first time.



**PART I – HEALTH HISTORY**

*To be completed by parent/guardian prior to exam  
The healthcare provider should review and provide comments in the last column.*

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_ Examiner: \_\_\_\_\_

	PARENT		HEALTHCARE PROVIDER COMMENT
	Yes	No	
Developmental delay (speech, ambulation, other)?			
Serious injury or illness?			
Medication?			
Hospitalizations?			
When?                      What for?			
Surgery? (List all)			
When?                      What for?			
Ear/Hearing problems?			
Heart problems/Shortness of breath?	Yes	No	
Heart murmur/High blood pressure?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No	
Allergies (food, insect, other)?	Yes	No	
Family history of sudden death before age 50?	Yes	No	
Child wakes during the night coughing?	Yes	No	
Diagnosis of asthma?	Yes	No	
Blood disorders (hemophilia, sickle cell, other) ?	Yes	No	
Excessive weight gain or loss?	Yes	No	
Diabetes?	Yes	No	
Loss of function of one or paired organs (eye, ear, kidney, testicle)?			
Seizures?	Yes	No	
Head injuries/Concussion/Passed out?	Yes	No	
Muscle, Bone, or Joint problem/Injury/Scoliosis?	Yes	No	
ADHD/ADD?	Yes	No	
Behavior concerns?	Yes	No	
Eye/Vision concerns?	Yes	No	
<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts			
<input type="checkbox"/> Other _____			
Dental concerns?	Yes	No	
<input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other?			
Date of exam _____			
Other diagnoses?	Yes	No	
Does your child have health insurance?	Yes	No	
Does your child have dental insurance	Yes	No	

Information may be shared with appropriate personnel for health and educational purposes.

Parent/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**PART II IMMUNIZATIONS**

Entire section below to be completed by MD/DO/APN/NP/PA  
 Printed VAR form may be attached in lieu of completion.

**Immunizations – Shaded Vaccines Required. Regulation is located at Title 14 Section 804: Immunizations**

<b>DTaP/DT</b> / /	<b>DTaP/DT</b> / /	<b>DTaP/DT</b> / /	<b>DTaP/DT</b> / /	<b>DTaP/DT</b> / /
<b>OPV/IPV</b> / /	<b>OPV/IPV</b> / /	<b>OPV/IPV</b> / /	<b>OPV/IPV</b> / /	<b>OPV/IPV</b> / /
<b>PCV7/PCV13</b> / /	<b>PCV7/PCV13</b> / /	<b>PCV7/PCV13</b> / /	<b>PCV7/PCV13</b> / /	<b>PCV7/PCV13</b> / /
<b>Hib</b> / /	<b>Hib</b> / /	<b>Hib</b> / /	<b>Hib</b> / /	
<b>MMR</b> / /	<b>MMR</b> / /	<b>HepB/HepB-2</b> / /	<b>HepB/HepB-2</b> / /	<b>HepB</b> / /
<b>VAR</b> / /	<b>VAR</b> / /	<b>RV-2/ RV-3</b> / /	<b>RV-2/ RV-3</b> / /	<b>RV-3</b> / /
<b>MCV4</b> / /	<b>MCV4</b> / /	<b>HPV</b> / /	<b>HPV</b> / /	<b>HPV</b> / /
<b>Hep A</b> / /	<b>Hep A</b> / /	<b>Td/ Tdap</b> / /	<b>Td/ Tdap</b> / /	<b>Td</b> / /
<b>Influenza</b> / /	<b>Influenza</b> / /	<b>PPSV23</b> / /	<b>PPSV23</b> / /	
<b>Other:</b> / /	<b>Other:</b> / /	<b>Other:</b> / /	<b>Other:</b> / /	<b>Other:</b> / /

Child is fully immunized per DPH/CDC recommendations (refer to cover page)  Yes  No

**PART III – SCREENING & TESTING**

Entire section below to be completed by MD/DO/APN/NP/PA

<b>Screen</b>	Height: _____ Weight: _____ BMI: _____ BMI Percentile: _____ BP: _____ Pulse: _____ Other: _____ (inches) (pounds)
<b>Dental Screen</b>	<input type="checkbox"/> <b>Problem Identified:</b> Referred for treatment <input type="checkbox"/> <b>No Problem:</b> Referred for prevention <input type="checkbox"/> <b>No Referral:</b> Already receiving dental care
<b>Tuberculosis Screen</b>	All new enterers must have TB test or TB Risk Assessment, which must be done within 12 months <u>prior</u> to school entry. <b>Risk Assessment:</b> Date _____ Results: <input type="checkbox"/> Test Required <input type="checkbox"/> Test Not Required <b>Mantoux Skin Test:</b> Date _____ Results: _____ MM <b>Other:</b> (type) _____ Date _____ Results: _____ MM
<b>Other Screen</b>	<b>Hearing:</b> Type: _____ Date: _____ Results: _____ Referral: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Date <b>Vision:</b> Type: _____ Date: _____ Results: _____ Referral: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Date <b>Other:</b> Type: _____ Date: _____ Results: _____ Referral: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Date

**PART IV – COMPREHENSIVE EXAM**

*Entire section below to be completed by MD/DO/APN/PA*

PHYSICAL EXAMINATION	Check (✓)		HEALTHCARE PROVIDER COMMENT
	NORMAL	ABNORMAL	
General Appearance			
Skin			
Eyes			
Ears			
Nose/Throat			
Mouth/Dental			
Cardiovascular			
Respiratory			
Endocrine			
Gastrointestinal			
Genito-Urinary			
Neurological			
Musculoskeletal			
Spinal examination			
Nutritional status			
Mental health status			

**FOR CHRONIC & LIFE THREATENING CONDITIONS:**

Children with life-threatening conditions need an emergency care plan for school.

Please attach care plan, protocols, and/or emergency care plan.  
Please provide the parent with information on Special Needs Alert Program (SNAP) for EMS.

**Recommendations or Referrals:** \_\_\_\_\_

\_\_\_\_\_

DIAGNOSIS	EMERGENCY PLAN ATTACHED		CARE PLAN OR PRESCRIPTION PLAN ATTACHED	
	YES	NO	YES	NO

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physician (MD or DO)    Clinical Nurse Specialist (APN)    Advanced Practice Nurse (APN)    Physician Assistant (PA)

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## DELAWARE SCHOOL PHYSICAL EXAMINATION FORM

*To be completed by licensed medical physician, nurse practitioner or physician's assistant.*

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_ Examiner: \_\_\_\_\_

PLEASE CHECK IF CHILD HAS HAD DIFFICULTY WITH ANY OF THE FOLLOWING.  
GIVE DATES AND ADDITIONAL INFORMATION UNDER COMMENTS.

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Body Piercing/Tattoo	<input type="checkbox"/> Emotional	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Allergies	<input type="checkbox"/> Bone/Spine	<input type="checkbox"/> Hearing	<input type="checkbox"/> Seizures
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Heart	<input type="checkbox"/> Speech
<input type="checkbox"/> Behavior	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Infections	<input type="checkbox"/> Surgery
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney	<input type="checkbox"/> Vision
<input type="checkbox"/> OTHER _____			

Comments: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision: Right \_\_\_\_\_ Left \_\_\_\_\_

Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_

Lead Screening: Date Completed \_\_\_\_\_ Results \_\_\_\_\_

Hematocrit/Hemoglobin: Date Completed \_\_\_\_\_ Results \_\_\_\_\_

PPD (Mantoux): Date Placed \_\_\_\_\_ Date Read \_\_\_\_\_ Results (in mm) \_\_\_\_\_

or  
TB Risk Assessment: Date Completed \_\_\_\_\_ Results \_\_\_\_\_

### 3. Immunizations – Shaded Vaccines Required

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
<b>DTP/DTaP 1</b> / /	<b>DTP/DTaP 2</b> / /	<b>DTP/DTaP 3</b> / /	<b>DTP/DTaP 4</b> / /	<b>DTP/DTaP 5</b> / /
DT/Td 1 / /	DT/Td 2 / /	DT/Td 3 / /	DT/Td 4 / /	DT/Td 5 / /
<b>OPV/IPV 1</b> / /	<b>OPV/IPV 2</b> / /	<b>OPV/IPV 3</b> / /	<b>OPV/IPV 4</b> / /	<b>OPV/IPV 5</b> / /
<b>MMR 1</b> / /	<b>MMR 2</b> / /	<b>HepB 1</b> / /	<b>HepB 2</b> / /	<b>HepB 3</b> / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	
Hep B 1 (2 dose Version Only) / /	Hep B 2 (2 dose Version Only) / /	Hep B/Hib 1 / /	Hep B/Hib 2 / /	Hep B/Hib 3 / /
Varicella 1 / /	Varicella 2 / /	Lyme Vax 1 / /	Lyme Vax 2 / /	Lyme Vax 3 / /
Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /	Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	
Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Hep A 1 / /	Hep A 2 / /	
Influenza 1 / /	Influenza 2 / /	Other: / /	Other: / /	

CHILD'S NAME \_\_\_\_\_

PHYSICAL EXAMINATION	Check (✓)		COMMENTS
	NORMAL	ABNORMAL	
General Appearance			
Head/Scalp			
Eyes			
Ears			
Nose/Throat			
Mouth/Teeth/Gums			
Heart			
Chest/Lungs			
Skin			
Abdomen/Hernia			
Genitalia			
Neurological			
Developmental			
Musculoskeletal			
Nutrition			

Health Concerns or Special Needs Identified: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR CHRONIC CONDITIONS:**

Please attach care plan, protocols, and/or emergency care plan.  
 Children with life-threatening conditions need an emergency care plan in place.

Recommendations or Referrals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## 6<sup>th</sup> grade B Day ACTIVITY PERIOD CHOICES

All students will be assigned one activity period next year. The other day will be whole school academic support based on mentor groups. Some students will automatically be registered for Math/ELA Enrichment based on their report card grades/test scores.

Regardless, all students must complete an activity request form.

This is a 30 minute group that meets every other day. Students will not receive a letter grade.

### **1309-64 Music Composition for Everyone (Grades 6-12):**

Music composition is open to anyone who reads music. A Chromebook would be helpful as we will use noteflight.com for composition assignments. Students will learn basic composition techniques and learn to write simple to complex compositions.

**1309-04 Piano Honors (Grades 6-12):** This is a class by invitation of the most outstanding piano majors of both HS and MS. Please connect with Mrs. Badger for approval.

### **1309-10 MS/HS Jazz Jam Appreciation (Grades 6-12):**

This is a student led jam session focusing on improvisation and musical selections from various genres and styles. No experience in jazz is necessary. Students are required to bring their own instrument.

### **1309-23 Math Support (Grades 6-8):**

Students who want additional assistance or support completing their homework or reviewing math concepts should bring their own material. This is open to students in all math levels.

### **1309-31 Middle School Chess Club (6-7-8):**

Learn the basics of recreational chess, practice every (other) day, build self-confidence, become competitive in a nurturing environment, sharpen skills, improve concentration and logical thinking, research methods and strategies and have fun!

### **1309-37 MS Reading Club (Grades 6-8):**

If you enjoy reading, and you do not find the time during the day to get back to that amazing novel, this is the class for you. All you need is a book and a desire to read. We will read our books during the 30 minutes provided. We will also take class time to discuss our books, authors, and reviews of our books. You will choose your own book. This is not a study hall, free period, or homework club. If you sign up for this class you must read the entire 30 minutes.....no exceptions

### **1309-39 Bluegrass Fiddle Activity Period (Grades 6-12):**

Learn the style and some repertoire of bluegrass . . . and prepare for performances at local festivals in Wilmington and New Jersey! Open to violin, banjo, guitar, dobro and bass players who already have instruments and can play tunes or chords on them. Reading music will help a lot, but being able to learn and play from memory even better.

### **1309-42 Academic Support (Grades 6-8):**

Study, organize, write, and complete homework. Want more free time after school? This is a silent activity period.

### **1309-50 Knitting/Crochet club (6-12):**

Students can knit and/or crochet by following patterns or work on their projects in a fun community atmosphere. You can make your own socks, hats, cozies, scarves, and more! You must bring your own materials. There is teacher supervision but no instruction; therefore, prior knowledge is required.

### **1309-84 Free to Be You (6-12):**

Our club aims to create a prejudice and discrimination-free environment for everyone in the school and our community as a whole. We plan to accomplish this through raising awareness, creating allies, communicating, and providing overall support. We look to provide a safe, fun, and caring environment for students of all sexual orientations, races, abilities and backgrounds.

### **1309-58 Junior Jazz Choir (6-7-8):**

Students in this activity will learn songs in the jazz style and work on vocal improvisation skills. Performances will happen infrequently. Class time will also be used to help students learn music for All State Jr. Chorus, the Children's Honors Choir and auditions for like ensembles.

**1309-62 TSA Club (6-7-8):**

The premiere Technology Student Association includes stem activities, website design, hands-on engineering projects, robotics and multiple graphic design opportunities. As well as, the opportunity to apply carpentry designs to create your own catapult.

**1309- 95 MS Hackey Sack (Grades 6-8):**

This game has been used to hone skills of soccer players for years, though it is not just for soccer. It can be played cooperatively or competitively. Hackey Sack is kicking a small cloth bag to see how long it can be kept in the air. No experience is necessary, as skills develop with practice.

**1309-70 Film Critique (6-7-8):**

In film critique, we will survey different, age appropriate films in various genres and discuss them.

**1309-19 Business Professionals of America (6-8):**

**FOR STUDENTS WHO WOULD LIKE TO BE OR ARE IN THE BPA CLUB** should participate in the BPA activity period where you will help spearhead BPA initiatives throughout the school. This award winning club is the leading CTSO (Career and Technical Student Organization) for students who want to learn how to speak publically, create graphics using Adobe Photoshop/Illustrator, build websites and many other successful business pursuits.

**1309-21 Walking Club (6-12):**

Do you want to exercise during the school day? This club is for you!

## Cab Calloway Sixth Grade Major and Elective Offerings

2017-2018 School Year

### MAJORS

Vocal Major	6803
Dance Major	6873
Piano Major	6833
Instrumental (Band) Major	6813
String Major	6823
Visual Arts Major	6843
Theater D Major	6863
Communication Arts Major	6853

\*\*\*\*Instrumental (Band) Majors (this does not include Piano and Strings Majors) will need to take Concert band in addition to their major. Concert Band should be the first choice on Band Major's Elective Request Form.

Courses meet every other day for approximately 90 minutes. Students will receive a letter grade.

There are 3 pages to this document.

### Arts Electives

#### **6<sup>th</sup> Grade Visual Arts for Non-majors 6842**

At the completion of sixth grade, students will demonstrate an understanding of the Elements of Art and the Principles of Design. Through the creation of artworks, students will experiment with artistic expression, and experiment with a variety of mediums.

#### **6<sup>th</sup> grade communication arts for non-majors 6852**

Students will develop the ability to create and synthesize new ideas within the context of creative writing, oratory, photography, cinematography, and other technologies. Use of the Internet is crucial to the nature of this course of study as students will be designing their own websites and using the Internet as a resource for study and source materials. Also, photography units may require materials such as camera, film, development and presentation materials such as mattes/frames and/or poster board. Digital photography will be explored. Students will use most aspects of Microsoft Office and start exploring Adobe Creative Suite 5. They will integrate them into the processes of problem solving projects throughout the year. This course provides an opportunity for Non-Communication Arts Majors and is an Introduction to Digital Media, Creative Writing, and our Mac Lab. Units will cover Story Creation and how elements of a story can correspond to elements in other arts including Poetry, Drama, Photography, Animation and Graphic Novels.

#### **Introduction to Jazz Dance 9030**

In this course you will learn basic jazz technique in a formal dance class setting. Students will have the opportunity to learn and explore various styles of jazz dance while increasing their understanding and appreciation for dance as an art form. This is a movement course which includes warm up exercises, across the floor and center combinations. If you are looking to have a lot of fun and work hard in a supportive and positive atmosphere, this is the class for you. Hope to see you in class!

#### **6th grade theatre for non-majors 6862**

This class will be open to any 6th grade student that is not already a 6th grade theatre major. 6th grade theatre provides students with the opportunity to grow creatively. They will explore many different aspects of theatre as they develop their stage presence and become more confident as performers. Students will begin the year by focusing on teamwork, group performance and audience



etiquette. They will then continue to develop their acting skills by working on improvisation, pantomime, monologues, scenes and character analysis. Every student will also learn basic theatre vocabulary including stage directions and acting terminology. At the end of the school year, the 6th grade theatre minor class will perform an evening of one act plays in the black box theatre.

### **The Concert Band (6-8) 9050**

Concert band is open to all middle school students who have previous playing experience and training and desire experience participating in a large ensemble.

### **The Symphonic Band (6-8) 9052**

Symphonic band is an advanced band comprised of selected instrumental musicians.

### **Middle School Piano for non-majors (6-8) 8832**

This course is open to any student who wants to learn to play the piano as well as students who already know how to play. This can be a fun and enriching experience. There are very limited seats available.

### **Middle School Strings for non-majors (6-8) 9822**

This course is open to any student who wants to learn a second strings instrument such as the violin, viola, cello or bass. It is recommended that students have played their instrument for at least a year and can read music. Students will play in all the strings concerts and activities throughout the year along with the Majors strings classes.

### **Treble Choir (6-8) 9072**

This elective is both a learning choir and a performance choir for 6<sup>th</sup> grade boys and 6-7-8 grade girls. It offers a less intensive choir experience and performance schedule than the Advanced Treble Choir demands. There are at least four concert performances each year (more may be scheduled) and attendance/participation in these evening concerts is a significant part of the singer's grade. Students will learn to read music, sing in a healthy manner and perform music encompassing a variety of classical music styles, eras and genres.

## **ACADEMIC ELECTIVES**

### **Fun with Science (6-8) 9400**

Interested in outer space....love CSI.....want to be a detective? This class is for you. Students will perform lab experiments to solve problems and answer questions in the area forensics and astronomy.

### **Fun with Flora and Fauna (6-8) 9409**

Prospective students should be dedicated, independent learners, willing to do exhaustive research, organize that research into dynamic presentations, and then share that research with the class. Students will have the opportunity to survey the diversity of life on planet Earth. A keen interest in the Plant Kingdom, the Animal Kingdom and the Fungi Kingdom is the only prerequisite. These kingdoms will divide the course into unequal thirds. The phyla within each kingdom will further organize our study. Chosen species from each phylum will be considered in detail with emphasis on their habitat requirements, diet, behaviors, and the interdependences of all living things with their non-living environment.

### **Business Professionals of America (6 and 7 grade only) 9761**

This award winning club is the leading CTSO (Career and Technical Student Organization) for students who want to learn how to speak publically, create graphics using Adobe Photoshop/Illustrator, build websites and many other successful business pursuits. This course does not guarantee students a spot on the Business Professionals of America afterschool team nor is it a requirement for the afterschool club. Sixth grader can take this course but are not eligible for the BPA club until seventh grade. Students who are interested in BPA can also

participate in the BPA activity period where you will help spearhead BPA initiatives throughout the school.

**Creative Writing (6 - 8) 9100**

This will be a period for students to create poetry and short stories. It will include time to share and we can act stories out. Students will experiment with many different techniques; allowing their pens and pencils to take them to faraway places and exciting adventures.

# Teacher Recommendation for 6<sup>th</sup> Grade Mathematics

I recommend \_\_\_\_\_ for the following 6<sup>th</sup> grade math class:

\_\_\_\_\_ Honors Math 6

## *6<sup>th</sup> Grade Honors Mathematics*

The items below will be covered. Additionally, students will begin an introduction to basic algebra skills involving variables and relationships using tables, graphs, words and symbols

The major topics are:

- Number** – developing an understanding of the relationships among commonly used fractions, decimals and percents; perform computations involving addition, subtraction, multiplication and division with fractions, decimals and percents.
- Probability** - equally-likely and unequally-likely events; reasoning about uncertainty
- Geometry** – identifying, describing, comparing and classifying two and three dimensional figures
- Measurement** – using physical models to develop formulas for two dimensional figures (i.e., area & perimeter of rectangles and triangles)
- Introduction to Ratio and Proportion**

\_\_\_\_\_ Pre-Algebra

## *Pre-Algebra*

The instructional focus in this course will be developing proportional reasoning skills and expanding the set of numbers to include integers. Intended for the exceptional mathematics student, pre-algebra is designed for those students capable of pursuing Algebra I in 7<sup>th</sup> grade and high school advanced placement mathematics courses.

The major topics are:

- Number** – developing and reinforcing skills with addition, subtraction, multiplication and division of fractions, decimals and percent; use of scientific notation; expanding set of numbers to include integers
- Probability** – expected value; probabilities of two-stage events
- Measurement** – three dimensional measurement – volume and surface area of various solids; graphing in the coordinate system
- Geometry** – similar figures-using scale factors
- Proportional Reasoning** – using ratios and rates to make comparisons
- Algebra** – introduce algebraic representations including variables; represent relationships using tables, graphs, words, and symbols

Student have maintained an “A” average in 5<sup>th</sup> grade.

Per RCCSD directive, 6<sup>th</sup> grade students will not be permitted to take Algebra I

Teacher Signature: \_\_\_\_\_ Position: \_\_\_\_\_  
Current Math Teacher's Signature

Contact Phone Number: \_\_\_\_\_ School: \_\_\_\_\_



# Delaware Department of Education Home Language Survey

\_\_\_\_\_

Date

\_\_\_\_\_

Student ID #

\_\_\_\_\_

School

*Delaware Department of Education requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Please complete the portion below and return this survey to your child's school.*

**I. Parent's information (Section I. is for the parent/guardian's preferred language. The student information is in Section II.)**

a. In what language would you like to receive written information from the School? \_\_\_\_\_

b. In what language would you prefer to communicate orally with school staff? \_\_\_\_\_

**II. Student's information:**

\_\_\_\_\_

Last Name, First Name, Middle Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Grade

\_\_\_\_\_

Age

**Which language(s) does your child currently:**

Understand? \_\_\_\_\_ Speak? \_\_\_\_\_

**Which language does your child most often use and hear:**

At home with siblings? Use: \_\_\_\_\_ Hear: \_\_\_\_\_

At home with parents? Use: \_\_\_\_\_ Hear: \_\_\_\_\_

At home with extended family? Use: \_\_\_\_\_ Hear: \_\_\_\_\_

Outside of school (with friends and recreational activities)? Use: \_\_\_\_\_ Hear: \_\_\_\_\_

**Which language did your child speak when he/she first began to speak?** \_\_\_\_\_

**What other languages does your child regularly use/hear?** \_\_\_\_\_

**Does your child read/write in English?** YES NO

**Does your child read/write in a language other than or in addition to English?** YES NO

**III. Additional services may be provided to your child based on the date of his/her arrival and enrollment in U.S. Schools.**

a. Your child was born in what country? \_\_\_\_\_

b. If your child was born in another country, has he/she ever attended a school in the United States?

YES NO

c. If yes, what was the date your child enrolled in a U.S. school? \_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date

*DISTRICTS: A COPY of this form must be included in the district/charter registration packet and distributed to all students. The completed form must be retained in the student's file to document compliance with the Title III federal program requirements. If another language is indicated on the form, a COPY of the completed form should be routed to the English as Second Language Department.*