GREAT OAKS

CHARTER SCHOOL

Dear Great Oaks Families,

We are excited for the 2019-20 school year, our fifth year in operation and the second year of Great Oaks – Wilmington High School. The purpose of our time together is to introduce families to important aspects of our school. New student orientation is separated into two parts: part one is May 14th for high school and May 15th for middle school and part two will be right before school starts.

Important Upcoming Dates/Information:

- New Student Orientation Part 1 May 14th for high school and May 15th 6-7 pm
- New student paperwork due no later August 15th (see checklist in this packet)
- Bus schedule information released after August 1st
- Rush Uniform has uniforms available for purchase (302-328-5444)
- Students with IEPs/504 contact Sped. Director Stephanie Toronto_ storonto@greatoakscharter.org
- School # 302-660-4790/Mr. Williams work cell # 443-977-1379/Fax #302-660-4788
- New Student Orientation Part 2: TBD (will be held in August)
- GOWIL Summer Camp Info – released in May

GREAT OAKS

CHARTER SCHOOL

New Student Paperwork Checklist

____ **Copy of parent ID**

____ **Copy of student social security card**

____ **Proof of residency (deed, mortgage bill, water bill, cable bill)**

____ **Copy of student birth certificate**

____ **School Health/Medical History Packet**

DELAWARE EMERGENCY/NURSING TREATMENT CARD
2018-2019 GREAT OAKS CHARTER SCHOOL - WILMINGTON

STUDENT INFORMATION

LAST NAME:_____ FIRST NAME:_____ DOB:___/___/___ GRADE/ADVISOR:_____

ADDRESS:_____

CHILD RESIDES WITH:_____ RELATIONSHIP:_____

PARENT/GUARDIAN INFORMATION

Name:_____	Name:_____
Relationship:_____	Relationship:_____
Address:_____	Address:_____
Primary Phone:_____	Primary Phone:_____
Other Phone:_____	Other Phone:_____
Place of Employment:_____	Place of Employment:_____
Address of Employment:_____	Address of Employment:_____
Work Phone:_____Ext.:_____	Work Phone:_____Ext.:_____
Email Address:_____	Email Address:_____

If Parent/Guardian cannot be reached, call (in order of priority):

1. _____
   Name Address Phone
2. _____
   Name Address Phone
3. _____
   Name Address Phone

Indicate student's serious medical diagnonses:_____

Student is allergic to: Medicine:_____ Food:_____ Other:_____

Please provide an Emergency Action Plan & ALL emergency medications to the nurse

I give permission for my child to have acetaminophen (Tylenol) as determined by the nurse. _____ Yes _____ No

I give permission for my child to have Ibuprofen (Advil/Motrin) as determined by the nurse. _____ Yes _____ No

I give permission for my child to have the following over the counter medications administered by the nurse:

Anbesol (OralGel) _____ First Aid Cream_____ Tums_____ Benadryl_____ Tums/Pepto Bismol_____

SCHOOL EMERGENCY PROCEDURE

Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies the school will seek immediate medical care.

In case of emergency and/or need of medical or hospital care the school will call Corporal Champion for transport to the nearest medical facility:

1. The school will call the parent/guardian primary phone number. If there is no answer,
2. The school will call the parent/guardian place of employment. If there is no answer,
3. The school will call the emergency contact numbers listed and physician. If there is no answer,
4. Based upon the judgement of the attending physician, the student may be admitted to a local medical facility
5. The school will continue to call the parent/guardian, emergency contacts or physician until one is reached.
6. The information on this card may be shared with emergency medical staff.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for transporting and medically treating my student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgement of the attending physician.

By signing this form, I acknowledge understanding the purpose of the form and attest to the accuracy of the information.

Parent/Guardian Signature_____ Date:_____

DELAWARE EMERGENCY/NURSING TREATMENT CARD
2018-2019 GREAT OAKS CHARTER SCHOOL - WILMINGTON

STUDENT HEALTH HISTORY

Date:_____ Parent/Guardian Name Print:_____

Student Name:_____DOB:__/__/__Grade:_____ Advisor:_____

Last First M.I.

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

1. [ ] ADD/ADHD [ ] Body Piercing/Tattoo [ ] Emotional [ ] Physical Disability
   [ ] Allergies [ ] Bone Problem [ ] Hearing [ ] Seizures
   [ ] Asthma [ ] Bowel/Bladder [ ] Heart [ ] Speech
   [ ] Behavior [ ] Chicken Pox [ ] Infections [ ] Surgery
   [ ] Bleeding [ ] Diabetes [ ] Kidney [ ] Vision

If your child has seizures, asthma, diabetes, or food allergies, please give school nurse all medications, including emergency medications and Emergency Action Plan.

2. Does your child have allergies to medicine, food, latex, or insect bites?
   _____No _____Yes To what?_____ What happens?_____
3. Has your child had any illness since school ended in June?
   _____No _____Yes Type of illness, with date(s)_____
4. Has your child had surgery since school ended in June?
   _____No _____Yes Type of surgery, with date(s)_____
5. Has your child received any immunizations since school ended in June?
   _____No _____Yes List immunizations, with date(s)_____
6. Has your child received a physical since school ended in June?
   _____No _____Yes Date(s)_____
7. Is your child being treated or evaluated for any health condition(s)?
   _____No _____Yes List condition(s)_____
8. Is your child on any medications or treatment(s)?
   _____No _____Yes Name of medication(s) and/or treatment(s)_____
   Does your child need medicine during school hours?
   _____No _____Yes ***If yes, please contact the school nurse to make arrangements***
9. Has your child had any emotional upsets (recent move, death, separation, divorce, etc.) since school ended in June?
   _____No _____Yes List here_____
10. Is this your child's first experience in a Delaware Public/Charter School?
    _____No _____Yes
11. Has your child spent one month or more in a country outside the U.S. or, in a detention or correctional facility anywhere?
    _____No _____Yes
12. Has your child ever been examined by an eye doctor?
    _____No _____Yes Date of last exam_____ Glasses prescribed _____No _____Yes

If your child wears glasses or contact lenses when was the prescription last changed_____

13. Name of your child's dentist?_____ Dentist's Phone:_____ Date of last exam:_____
14. Name of your child's doctor?_____ Doctor's Phone:_____ Date of last exam:_____
15. Medical Insurance:_____

Name I.D. Number

The purpose of this form is to provide the school with information to be used for the care of a student who becomes sick or injured at school. This information may be shared only on a "need to know basis" with school personnel and emergency medical staff. By signing this form, I verify that the above information is correct.

Parent/Guardian Signature:_____

Date

GREAT OAKS

CHARTER SCHOOL

STUDENT HEALTH INFORMATION

AUTHORIZATION TO USE/DISCLOSE PROTECTED HEALTH INFORMATION AND EDUCATION RECORDS

Student's Name: **Date of Birth:** **MR#** (Staff to Complete)

Phone: **Address:**

USE AND DISCLOSE MEDICAL AND / OR EDUCATION RECORDS BETWEEN:

Facility or Name:	**Nemours/Alfred I. duPont Hospital for Children**	District Name	
Address:	**1600 Rockland Road**	School Name:	
City/ST/Zip:	**Wilmington, DE 19899**	Address:	
Phone #:		Phone #:	
		Fax #:	

Authorization

1. I authorize the school nurse and Nemours medical personnel to discuss and share educational records and health information.
2. I understand the school nurse will have access to both treatment and non-treatment related information in my child's medical record.
3. I may revoke this authorization at any time by providing written notification to the addresses listed above for Nemours and my school.
4. I understand that my revocation does not affect any disclosures made prior to the revocation being received and processed.
5. I understand that signing this authorization is strictly voluntary.
6. I can request a copy of this form after I sign it.

EXPIRATION DATE: This authorization will expire at the completion of the current school year (August 15), unless an earlier date is specified: _____

Patient/Guardian/ Representative Signature*: _____ Date: _____

Patient/Guardian/ Representative Printed Name: _____ Relationship to Patient: _____

Witness Signature: _____ Date: _____

* Parent or eligible student as required and defined by Family Education and Privacy Rights Act (FERPA)

GREAT OAKS

GLADIATORS SUMMER CAMP

Initial	Releases/Description
_____	**Consent for Health Care** I authorize the Great Oaks Gladiators Camp, the staff and/or employees or any of them action alone; to engage such professional medical care or hospital laboratory services as may appear to be necessary or desirable for the protection of the health or life of my minor child, named above. Any person rendering pursuant to this authorization shall be entitled to treat consents given by the undersigned. I agree to be responsible for any charges incurred in the rendition of such care and treatment.
_____	**Field Trip/Swim Release** I give my child permission to participate in all field trips and swim related activities during summer camp. I understand the proper supervision will be provided. Transportation to these field trips will be contracted by Great Oaks Gladiators Camp partners.
_____	**Consent for Emergency Treatment** In the event of an emergency, permission is given to a physician, selected by the Great Oaks Gladiators Camp, to administer whatever medical treatment is deemed necessary as a result of an accident or illness which may occur while on field trips.
_____	**Photo Release** I do hereby authorize Great Oaks Charter School, Great Oaks Gladiators Camp and their partners to use photos, videos, and recordings of my child taken during any Great Oaks Gladiators Camp related activities for the purpose of publicity for the City of New Orleans on websites, in brochures, or other means of departmental publicity. I understand that my child will not be identified by name when photos, videos, and recordings are used.
_____	**Responsible for Property** I understand that my child has the sole responsibility for their property at all times when participating in all Great Oaks Gladiators Camp and camp activities. I understand that Camp staff and/or employees will not be held liable or responsible for any loss of property during Great Oaks Gladiators Camp and camp activities.

I certify that I have read and initialed all of the releases above and understand the liabilities of all parties:

_____ _____

Parent/Legal Guardian Signature **Date**

Summer Participant Release Form

All participants of the Great Oaks Gladiator Summer Camp must have a current and completed release/registration form on file.

Participant Name (first) _____ **(last)** _____

Address _____ **City** _____

State _____ **Zip** _____

Student Date of Birth (MM/DD/YYYY) _____

Parent Guardian Name (first)_____ **(last)** _____

Primary Phone _____ **Secondary Phone** _____

Email Address _____

Emergency Contact Name (first) _____ **(last)** _____

Phone Number _____

Email _____ **Relationship to Child/Participant** _____

Release of Liability

Please read this form carefully and be aware that for participation in the program(s), you will be waiving and releasing all claims of injuries your child (children) might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program (s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child (children) may sustain as a result of participating in any of the program(s). I hereby fully release and discharge Great Oaks Charter School, Great Oaks Gladiators Summer Camp, Great Oaks Foundation, and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child (children), and arising out, connected with, or in any way associated with activities of any programs.

_____ _____

Parent/Legal Guardian Signature **Date**

❑ I am interested in participating in the Summer Camp Parent Focus Groups, led by Great Oaks Executive Director, Kia Childs, and High School Principal, Beth Yirga.

RUSH *Uniform, Inc.*

101 HARRISON AVENUE • WILMINGTON MANOR • NEW CASTLE, DE 19720
www.rushuniform.com • (302) 328-5444 • (302) 328-2911 (fax)

Great Oaks Uniform Information

Grades 6-8

SCHOOL DRESS CODE POLICY

POLO SHIRT – LT. BLUE SHORT OR LONG SLEEVE W/LOGO**

SWEATER – NAVY CREW or HOODED SWEATSHIRT or AWARD SWEATER W/LOGO**

PANTS – KHAKI OR NAVY

BELT – BLACK

FITNESS DRESS CODE POLICY

T-SHIRT – NAVY W/LOGO**

SHORTS – NAVY MESH W/LOGO**

SWEATPANTS – NAVY W/LOGO**

Purchased through Rush Uniform Inc.

High School

SCHOOL DRESS CODE POLICY

POLO SHIRT – NAVY OR ORANGE SHORT OR LONG SLEEVE W/LOGO**

SWEATER – NAVY CREW or HOODED SWEATSHIRT, AWARD SWEATER W/LOGO, FULL ZIP FLEECE or ¼ ZIP PERFORMANCE PULLOVER**

PANTS – KHAKI OR NAVY

BELT – BLACK

FITNESS DRESS CODE POLICY

T-SHIRT – ORANGE W/LOGO**

SHORTS – NAVY MESH W/LOGO**

SWEATPANTS – NAVY W/LOGO**

Purchased through Rush Uniform Inc.

If you have any questions regarding uniform orders, contact ***Rush Uniform*** *at (302) 328-5444.*
You can visit our store at:
101 Harrison Avenue
New Castle, DE 19720

Our ***Winter*** *Store Hours (**Dec-Mar**) are:*
Tuesday – Friday 10:00 A.M. to 5:00 P.M.
Saturday 10:00 A.M. to 1:00 P.M.

Our ***Regular*** *Store Hours (**Apr-Nov**) are:*
Monday – Friday 10:00 A.M. to 5:00 P.M.
Saturday 10:00 A.M. to 1:00 P.M.

In addition, online ordering is available.
Just visit ***www.rushuniform.com*** *and select*
"Great Oaks Charter School" under "Shop Your School."

We will be visiting Great Oaks the evening of August 7 to measure and sell uniform pieces. Keep an eye out for more information!

Don't want to wait until August? Come visit us at our location!

GREAT OAKS

CHARTER SCHOOL

Uniform Reminder

School Uniform

Mandatory pieces: Great Oaks polo/long sleeve polo, black belt, tan or navy blue khakis/skirt, solid grey, black, navy, or white socks, and gym shoes or dress shoes

Optional pieces: solid white undershirts (white undershirts only), Great Oaks cardigan, Great Oaks sweatshirt.

Gym Uniform

Mandatory pieces: Great Oaks t-shirt, Great Oaks sweatpants or Great Oaks shorts, solid grey, black, navy, or white socks, and gym shoes (no dress shoes)

Optional pieces: solid white undershirts (white undershirts only), any Great Oaks t-shirt with the Great Oaks logo.

GREAT OAKS

CHARTER SCHOOL

GREAT OAKS

CHARTER SCHOOL

Homeless Enrollment/Referral Form

Student Name_____M_ F Date of Birth_____Grade_____

Parent/Guardian Name_____

Address_____

Phone Number_____

Race/Ethnicity Black Hispanic White Multiracial Asian

Confidential Information

Please describe your/your child's current living situation:

_____

_____

_____

_____

_____

_____

_____

DEPARTMENT OF EDUCATION

Townsend Building
401 Federal Street Suite 2
Dover, Delaware 19901-3639
DOE WEBSITE: http://www.doe.k12.de.us

Susan S. Bunting, Ed.D.
Secretary of Education
Voice: (302) 735-4000
FAX: (302) 739-4654

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.

THE DELAWARE DEPARTMENT OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, MARITAL STATUS, DISABILITY, AGE, GENETIC INFORMATION, OR VETERAN'S STATUS IN EMPLOYMENT OR ITS PROGRAMS AND ACTIVITIES.

DEPARTMENT OF EDUCATION

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

Spanish

Fecha: _____ **Escuela:** _____

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 1-5, the LEA must continue with a records review, step 2 of the English learner identification process.

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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 Every Student Succeeds Act (2015), S.1177-47 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 Every Student Succeeds Act (2015), S.1177-47.

☐ **"Active Duty/Recently Retired/Reserves"** - I am a parent or step-parent ***residing in the same household***, who is on active duty, serving in the reserve component, 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"** - I am 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, 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, 2016.

6/2/2016

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Great Oaks Wilmington

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Great Oaks Charter School

1200 North French Street

Bus 1- Newark & Bear

7:10AM	**4:25PM**	**1:55PM**	**Rivers End & Providence Rd**
7:15AM	**4:40PM**	**2:00PM**	**Bear Library**
7:25AM	**4:50PM**	**2:10PM**	**Food Lion**
8:00AM	**4:20PM**	**1:40PM**	**Great Oak Charter School**

***Note: Parents, have your children report to their assigned stop ten (10) minutes before & stay at least ten(10) minutes after pickup time.**

Great Oaks Charter School

1200 North French Street

Bus 2- Newark/Wilmington

M-TH AM	M-TH PM	FRI PM	STOP
7:11AM	4:55PM	2:48PM	Old Baltimore Pike @ Union Hall
7:16AM	4:50PM	2:56PM	Old Baltimore Pike @ Martha Washington
7:18AM	4:45PM	2:59PM	Old Baltimore Pike @ Trefoil
7:46AM	4:30PM	1:58PM	W.4th @ Adams Four
7:49AM	4:25PM	1:51PM	E4th @ N. Lombard
8:00AM	4:20PM	1:40PM	Great Oak Charter School

***Note: Parents, have your children report to their assigned stop ten (10) minutes before & stay at least ten(10) minutes after pickup time.**

Great Oaks Charter School

1200 North French Street

Bus 3-Newark, Newport, Wilmington

M-TH AM	M-TH PM	FRI PM	STOP
7:15AM	5:20PM	2:50PM	Chestnut Hill Plaza @ Shoprite
7:18AM	5:12PM	2:42PM	Chestnut Hill @The Journey Church
7:22AM	5:08PM	2:38PM	DayCare @ 917 Harmony Rd
7:28AM	4:50PM	2:20PM	Pleasant Hill Bowling Lanes @ RT4
7:32AM	4:42PM	2:12PM	St James Episcopal Church
7:40AM	4:38PM	2:08PM	Cosmos Diner @ Maryland Ave
7:43AM	4:33PM	2:02PM	Maryland Ave @ Latimer Pl
7:46AM	4:32PM	2:02PM	Maryland Ave @ S. Jackson- Mr. Cheesesteak
7:50AM	4:25PM	1:50PM	LACC (N Van Buren St)
8:00AM	4:20PM	1:40PM	Great Oak Charter School

*Note: Parents, have your children report to their assigned stop ten (10) minutes before & stay at least ten(10) minutes after pickup time.

Great Oaks Charter School

1200 North French Street

Bus 5-- Wilmngton, Elsmere

M-TH AM	M-TH PM	FRI PM	STOP
7:10AM	5:10PM	2:25PM	Possum Park Mall
7:14AM	5:05PM	2:20	YMCA-Kirkwood Hwy
7:20AM	5:01PM	2:15PM	Kirkwood Hwy & Prices Corner Boston Market
7:28AM	4:57PM	2:07PM	Kirkwood Hwy & Tamarack
7:32AM	4:52PM	2:18PM	Kirkwood Highway & Prospect
7:48AM	4:48PM	2:10PM	Lancaster Pike & Court Dr.
7:55AM	4:45PM	2:05	Grernhill Ave & 4th
8:00AM	4:40PM	2:00PM	Lancaster Ave @ Save-A-Lot
8:05AM	4:35PM	1:57PM	8th & Rodney
8:10AM	4:20PM	1:40PM	Great Oak Charter School

***Note: Parents, have your children report to their assigned stop ten (10) minutes before & stay at least ten(10) minutes after pickup time.**

Great Oaks Charter School

1200 North French Street

Bus 4 New Castle, Willmington

M-TH AM	M-TH PM	FRI PM	STOP
7:10AM	5:25PM	3:05PM	Penn Mart School Center
7:15AM	5:10PM	2:32PM	New castle Ave & Landers Ln
7:32AM	4:57PM	2:27PM	Bowlerama
7:23AM	4:50PM	2:224PM	19 Lambson Lane- Boys & Girls Club
7:28AM	4:40PM	2:20PM	RT13 @ Apple Street
7:33AM	4:35PM	1:55PM	11 & Pine
7:33AM	4:30PM	1:50PM	RT13 @ Thatcher AM/ 12th & Heald PM
8:00AM	4:20PM	1:40PM	Great Oak Charter School

***Note: Parents, have your children report to their assigned stop ten (10) minutes before & stay at least ten(10) minutes after pickup time.**

Great Oaks Charter School

1200 North French Street

Bus 6- Wilmington

M-TH AM	M-TH PM	FRI PM	STOP
7:25AM	5:15PM	2:5PM	Philly Pike @ Commonwealth
7:30AM	5:10PM	2:10PM	Shipley Rd & Pierson Dr
7:40AM	5:00PM	2:00PM	Philly Pike @ Dollar Tree Claymont
7:45AM	4:50PM	2:10PM	Philly Pike @ St Helenas
7:50AM	4:45PM	1:50PM	Governor Printz & Rysing
7:53AM	4:40PM	1:50PM	27th St & Governor Printz
7:58AM	4:33PM	1:49PM	28th St & Washington St
7:59AM	4:31PM	1:48PM	24th & Market St
8:02AM	4:30PM	1:46PM	Concord Ave @ Monroe St
8:05AM	4:25PM	1:44PM	19th St & Washington St
8:10AM	4:20PM	1:40PM	Great Oak Charter School

***Note: Parents, have your children report to their assigned stop ten (10) minutes before & stay at least ten(10) minutes after pickup time.**

Great Oaks Charter School

1200 North French Street

Bus 7- Newark & Bear

M-TH AM	M-TH PM	Fri PM	STOP
7:40	5:10	2:30	People Plaza
7:50	5:00	2:20	Fox Run Shopping Center @PNC Bank
8:00	4:40	1:55	Walmart @RT 40
8:20	4:30	1:40	Great Oak Charter School

***Note: Parents, have your children report to their assigned stop ten (10) minutes before & stay at least ten(10) minutes after pickup time.**

Great Oaks Charter School

1200 North French Street

HIGH SCHOOL BUS

County Route

6:15AM	3:30PM	1:00PM	Acme Market-100 Suburban Dr.
6:25AM	3:15PM	12:45PM	Shop Rite- @ 896 & Four Season
6:35AM	3:05PM	12:30PM	Acme Market- Fox Run
6:40AM	2:55PM	12:20PM	Bear Library @ Governors Square
6:45AM	2:50PM	12:20PM	Acme- University Plaza- Newark
7:00AM	2:30PM	12:00PM	Great Oak Charter School

Please make sure you are at the stop 10 minutes before the scheduled pick up time

Great Oaks Charter School

1200 North French Street

HIGH SCHOOL BUS

City Route

6:00AM	3:45PM	1:00PM	CVS @ landers lane New Castle
6:05AM	3:40PM	12:55PM	Bowlerama New Castle
6:20Am	3:25PM	12:50PM	BJ @ Kirkwood Highway
6:30AM	3:10PM	12:35PM	SAV-A-LOT Lancaster ave.
6:35AM	3:00PM	12:30PM	4th & Adams Plaza
6:45AM	2:45PM	12:15PM	PAL of Wilmington
6:55AM	2:40PM	12:10PM	13th & Heald St
7:00AM	2:30PM	12:00PM	Great Oak Charter School

Please make sure you are at the stop 10 minutes before the scheduled pick up time