

# RIVER VALLEY SCHOOL DISTRICT

## 2017-2018 Application for Attendance to the River Valley Schools Under Schools of Choice

Student's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Resident District: \_\_\_\_\_

2017-2018 Grade level: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

School, Program, or Grade desired: \_\_\_\_\_

Reason for Applying to the River Valley Schools: \_\_\_\_\_

Does the applicant have a brother/sister already attending River Valley Schools under the Schools of Choice Program? Yes No If so, please list names(s) and grade(s): \_\_\_\_\_

Special services my child(ren) is/are currently receiving (remedial reading, remedial mathematics, Special Education, Speech Therapy; or anything else you would like us to know about your child):

Has student ever been, or is currently, under suspension or expulsion from the resident district? Yes No

If yes, explain reasons for suspension/expulsion: \_\_\_\_\_

Current School and District student is attending: \_\_\_\_\_

Name and phone number of school principal: \_\_\_\_\_

I give my permission to the \_\_\_\_\_ School District to release all school records to the River Valley Schools for \_\_\_\_\_.

Student's Name

**NOTE:** Please be aware that non-resident students accepted under Schools of Choice may have to provide for their own transportation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip

For office use only: Building Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Applications accepted May 10, 2017 through June 9, 2017 (until 3:00 p.m.) Rev: 4/12/2017**