

RIVER VALLEY SCHOOL DISTRICT

2019-2020 Application for Attendance to the River Valley Schools Under Schools of Choice

Student's Name: _____

Date: _____

Address: _____

Resident District: _____

Phone Number: _____

2019-2020 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 13, 2019 through June 14, 2019 (until 3:00 p.m.) Rev: 4/25/2019