

RIVER SCHOOL

4439 River Road

Sodus, MI 49126

Phone (269) 925-6757 Fax (269) 925-3144

Email: riverschoolsodus49126@gmail.com Website: <http://riverschoolsodus.org/>

To: _____ Date: _____

School: _____ Fax: _____

From: _____

Subject: Schools of Choice Application 2018-2019

The student referenced below has applied for admission to River School under the Schools of Choice Option. We are requesting information in order to evaluate this application as provided for under Section 105 and 105C of the State School Aid Act. Enclosed is a parental release for this information. Your prompt assistance with this form is appreciated, as the student cannot enroll without this information.

Student Name: _____ Grade Entering: _____

Birth date: _____

Has this student ever been expelled? Yes/No

Has this student been suspended during the preceding two years? Yes/No

Does this student have an IEP placement? Yes/No

If yes, who is the contact person for further information? _____
Name Phone

Person completing this form:

Name: _____ Title: _____

Signature: _____ Date: _____

Please send completed form to Carol Quattrin, River School, Sodus Township School District #5, 4439 River Rd., Sodus, MI 49126 or fax to 269-925-3144. Thank you for your assistance