SODUS TOWNSHIP SCHOOL DISTRICT #5
RIVER SCHOOL
4439 RIVER RD
SODUS, MI 49126
(269) 925 6757
WWW.RIVERSCHOOLK8.ORG

2026-27
ENROLLMENT PACKET
1st - 8th GRADE

RIVER SCHOOL
Sodus Township School District #5

River School, Sodus Township #5

4439 River Road Sodus, Michigan 49126

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

River School, Sodus Township #5

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Parent Check-Off	**School Check-Off**	
_____	_____	**Enrollment Form**
_____	_____	**Authorization to Release School Records** (parent signatures)
_____	_____	**School of Choice Form**
_____	_____	**Special Education / IEP** (Administration to confirm with previous school)
_____	_____	**Residency Information Form**
_____	_____	**Proof of Residence (Must Have One of the Following)** ● Purchase Agreement ● Current Lease/Rental Agreement ● Current Property Tax Notice **Must Have One of the Following** ● Current Utility Bill ● Voter's Registration Card ● Other _____
_____	_____	**Custody Papers** (applicable only if the child is not living with a parent Named on the Certified Birth Certificate) ● Guardianship ● Court Placement ● Limited Guardianship

Date Received: _____ ***Date Accepted:*** _____

ENROLLMENT/STUDENT INFORMATION SHEET 2026-2027

GRADE: _____ **Teacher** _____

Date Enrolled ____/____/____ Birthdate ____/____/____ Male ___ Female ___
Month Day Year Month Day Year

Location of Birth _____
City and State

Student's Name _____ Phone # _____
Last First Middle

Students Address:_____

Guardian Name (s): _____

Street Address: _____

Home Phone #: _____

**** Must Have a valid email and phone number for at least one parent at all times****

Male Guardian/Parent
Cell Phone # _____
Email: _____
Work Phone # _____

Female Guardian/Parent
Cell Phone # _____
Email: _____
Work Phone # _____

Emergency Contact : (Please List Someone Other Than Yourself)
Contact Name: _____ Phone # _____
Address: _____ Relationship: _____

Contact Name: _____ Phone # _____
Address: _____ Relationship: _____

Ethnic Code: Please check all that apply: _ Hispanic (1) _White/not hispanic origin (2)
_ Black/not hispanic origin (3) _ Asian or Pacific Islander(4) _ Amer. Indian/Alaskan (5)
Is your child's native tongue a language other than English? ___ Yes ___ No
If yes, then what language? _____
Is the primary language at home English ___ Yes ___ No

School Last Attended _____
Address _____ City/State/Zip _____
School Phone # ( ) _____
Indicate any Special Services Your Child Received at Previous School:
Speech _____ Reading Recovery _____ Title I _____ 504 Plan _____ ELS ____
Special Education___ Do you have current documentation of services? Yes __ No ____
Parent Signature _____

STUDENT MEDICAL INFORMATION

Please check all that apply:

_____ allergies
_____ animal*
_____ bee sting*
_____ ADD/ADHD
_____ diabetes
_____ insulin dependent
_____ heart murmur
_____ other heart problems*
_____ hemophilia

_____ environmental* _____ epilepsy _____ other known conitions*
_____ food* _____ hay fever _____ non known
_____ medication* _____ headaches _____ other*
_____ hearing impaired _____ asthma
****Additional comments****

Physical limitations: _____

Medication

I affirm, that as the parent/legal guardian, all information provided above is true and accurate. I understand any false information provided by me, may subject me to legal penalties for perjury. I further authorize River School./Sodus Twp. #5 to share any and all of the aforementioned information with appropriate school staff, for the purpose of providing a safe and healthy environment for my child.

Signature of Parent/Guardian: _____ Date: _____

Indicate any medication that your child takes and how often it is to be taken.

If it is to be taken at school, please request an authorization forms.

Medication: _____

Dosage: _____

How Often: _____

With whom does child reside: Please check one:

_____	Both Parents	_____	Father/Stepmother
_____	Father only	_____	Mother/Stepfather
_____	Mother only	_____	Legal guardian
_____	Court placed	_____	Relative
_____	Foster home	_____	Other: _____

DO NOT RELEASE MY CHILD TO:

Name _____ Relationship _____

Address if Known: _____

Comments: _____

Other children who reside in the home:		Natural	Step/half
Name: _____	Birth date ____/____/_____	____	____
Name: _____	Birth date ____/____/_____	____	____

OFFICE USE ONLY Updated information ____ Student Number _____ Entry Date _____

Birth Certificate ___Y ___N Immunization Record ___Y ___N

Student Records Requested ____/____/____ Received ____/____/____

Rights and Privacy Act

In compliance with the Federal Statute "Family Educational Rights and privacy Act of 1974, Section 99.34 which reads as follows: Schools may send a students educational record to officials of other school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired and have an opportunity to challenge the content of the record. I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the above listed address. I understand any false information provided by me, might subject me to legal penalties for perjury. Having read the privacy Act statement above, please send the educational records for this student."

RIVER SCHOOL
Sodus Township School District #5 4439 River Rd., Sodus, MI 49126
Phone 269 925 6757 Fax: 269 925 3144

Record Release Form 2025-2026

CHILD'S NAME: _____BIRTHDATE:_____

ADDRESS: _____

_____

TELEPHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN _____

CHILD'S PRESENT DISTRICT: _____

CHILD'S PRESENT SCHOOL _____

GRADE LEVEL: 2025-26 _____

According to the final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment), It is no longer necessary to obtain written consent to release records. This information can be found in the Federal Register Vol 41, No 118, dated June 17, 1976

RIVER SCHOOL

4439 River Road
Sodus, MI 49126
Phone (269) 925-6757 Fax (269) 925-3144
Email llausch@riverschoolk8.org Home Page www.riverschoolk8.org

To: _____ Date: _____

School: _____ Fax:_____

From: _____

Subject: Schools of Choice Application 2026-2027

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

RESIDENCY INFORMATION FORM 2026-27

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 & 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Phone/Pager _____

Age _____ Grade _____ D.O.B. _____

Address _____

Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

_____ House or apartment with parent or guardian (rent or own)

_____ Motel, car, or campsite

_____ Shelter or other temporary housing

_____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

_____ Loss of housing

_____ Economic situation

_____ Temporarily waiting for house or apartment

_____ Provide care for a family member

_____ Living with boyfriend/girlfriend

_____ Loss of equipment

_____ Parent/Guardian is deployed

_____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations:
2) Transportation to the school of origin for the regular school day;
3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any question about these rights can be directed to the local McKinney-Vento Liaison at 269 925 6757 or the State Coordinator.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth Date

Signature of McKinney-Vento Liaison Date