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

2026-27
ENROLLMENT PACKET
KINDERGARTEN

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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Kindergarten

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 _____
_____	_____	**Birth Certificate (Certified Copy)**
_____	_____	**Immunization Record** (completed by doctor or BCHD)
_____	_____	**Health Appraisal Form** (completed by doctor)
_____	_____	**Vision/Hearing Form** (completed by doctor or BCHD)
_____	_____	**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:*** _____

River School 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 valid email address and phone number for one parent at all times***

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

Rights and Privacy Act

STUDENT MEDICAL INFORMATION

Please check all that apply:

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

_____ 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 ____/____/____

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 2026-2027

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

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: _____

Parent Signature: _____

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

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 Liason Date

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (**BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.**)

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
h	h	h	1 Allergies or Reactions (for example, food, medication or other)
h	h	h	2 Hay Fever, Asthma, or Wheezing
h	h	h	3 Eczema or Frequent Skin Rashes
h	h	h	4 Convulsions/Seizures
h	h	h	5 Heart Trouble
h	h	h	6 Diabetes
h	h	h	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
h	h	h	8 Trouble with Passing Urine or Bowel Movements
h	h	h	9 Shortness of Breath
h	h	h	10 Speech Problems
h	h	h	11 Menstrual Problems
h	h	h	12 Dental Problems: Date of Last Exam / /
h	h	h	Other (please describe):

h h Does your child take any medication(s) regularly?

Reason for Medication

Birth History:

Are there any current or past diagnosis(es) h Yes h No

If yes, please describe:

If yes, list medications:

_____ / / _____
Parent/Guardian Signature Date

Was the health history reviewed by a health professional?
h Yes h No ***Examiner's Initials:***

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
h	h	VISION Date: / /	Visual Acuity			
			Muscle Imbalance			
			Other:			
h	h	HEARING Date: / /	Audiometer			
			Other:			
h	h	URINALYSIS Date: / /	Sugar			
			Albumin			
			Microscopic			
		BLOOD LEAD LEVEL Date: / /	Level ug/dl ☐			
		Essential Findings Deviating from Normal:				

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
h	h	HEIGHT & WEIGHT	Height			
			Weight			
h	h	Other:	Other			
h	h	HEMOGLOBIN / HEMATOCRIT	☐			
h	h	BLOOD PRESSURE	Reading:			
h	h	TUBERCULIN Date: / /	Type: Neg.: h Pos.: h mm			

Examinations and/or Inspections

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

History of Chickenpox Disease? h Yes h No If yes, date:

Parent/Guardian refused immunizations: h

I certify that the immunization dates are true to the best of my knowledge

_____ _____ / /

Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
h	h	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
h	h	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): h Classroom h Playground h Gymnasium h Swimming Pool h Competitive Sports h Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined 's teeth. As a result of this examination, my recommendation for treatment is: child's name

_____

_____ / /

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / /

Examiner's Signature Date ***Examiner's Name (Print or Type)*** Degree or License

_____ MI ( )

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

River School, Sodus Township #5

4439 River Road Sodus, Michigan 49126

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

IMMUNIZATION REQUIREMENTS

State law requires that each student entering school be current with immunizations on the first day of school. Please provide your child's immunization record when you complete this enrollment packet. A copy of your child's record will be made and the original returned to you.

Because of changes in the immunization laws, please check to see that your child is up-to-date on all immunizations. **Your child will not be allowed to enter school without being current on all immunizations.**

DPT	4 doses required. If the last dose was not given on or after the 4th birthday, a booster dose is required. Most children will have 5 doses.
Tetanus	A tetanus booster is required 5 years after initial series is complete. Then every 10 yrs booster
Polio	3 doses are required. If the last dose was not given on or after the 4th birthday, a booster dose is required. Most children will have 5 doses
MMR	2 doses are required
Hepatitis B	3 doses are required
Varicella	2 doses of varicella (Var) vaccine or history of chickenpox disease. (Required for all children entering kindergarten, all 6th grade students, and all children Changing school district)
HIB	4 doses are required

Required for all children 11-18 years of age who are changing school districts or who are enrolled in 6th grade:

+1 dose of meningococcal (MCV4 or MPSV4) vaccine.

+1 dose of tetanus/diphtheria/acellular pertussis (Tdap) vaccine

(If 5 years have passed since last dose of tetanus/diphtheria vaccine – DtaP or DT)

You are eligible for vaccines at the Health Department if your health insurance doesn't cover vaccines. You may call the Berrien County Health Department main phone number at 926-7122 for other times and locations in Berrien County.

If immunizations are against your belief, please contact the Office at 269 925 6757

Health Department Immunization Clinic

Berrien County Health Department

Benton Harbor, MI 49023

(269) 927 5638

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TO SECURE A CERTIFIED BIRTH CERTIFICATE FOR YOUR CHILD

If your child was born in Berrien County:

- Go to Berrien County Administration Building at 701 Main St., St. Joseph (Clerk of the Circuit Court – Vital Records Division)
- The cost is $13.00 (subject to change).
- Additional copies of the same record, ordered at the same time are $4.00 each.
- Phone number: 269-983-7111, ext. 8233
- Hours: Hours may vary. Please refer to the website to for current hours.

If your child was born outside of Berrien County or in another state:

- Contact the courthouse in the county/state in which your child was born.
- You may find links for each state at www.cdc.gov/nchs/w2w.htm
- The cost may vary from state to state.
- Start the process as soon as possible. If you are dealing with a large city, such as Chicago, it can take quite a while to get your document.

TO SECURE A MICHIGAN DRIVER'S LICENSE OR STICKER FOR YOUR CURRENT MICHIGAN DRIVER'S LICENSE, AND TO SECURE A VOTER'S REGISTRATION CARD

- Go to the NW Berrien County PLUS office, located at 1960 Mall Place, Benton Harbor (Secretary of State's Office near Meijer and Lowe's), or go online at www.michigan.gov/SOS and click on "Driver's License" or "How Do I" to find out how.
- If you are new to the state, a Michigan license costs $25.00 (subject to change).
- If you have a current license, but have changed addresses, you can get a sticker for the back of your license (online or in person) with your new address at no cost.
- You can also get a voter's card or update your current voter's card with your new address at no cost.
- PLUS office phone number: 888-767-6424.
- PLUS office hours: Hours may vary. Please refer to the website to for current hours.

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Kindergarten Readiness Skills

Here are several kindergarten readiness skills to focus on as you work with your child. Do not be overl concerned if he or she does not have them all down before the first day of kindergarten. These are skills we will continue to work on throughout the year. Try the activities listed in the skill areas your child may need to work on before school starts in the fall. Use the Help Us To Know Your child Questionnaire as a guide to the areas needing work.

Writing

*Help our child practice writing letters, especially the letters in his or her name.
*Teach your child how to write his or her name with an uppercase first letter and the remaining letters in lowercase.

*Write in shaving cream in the bathtub, salt or sugar in a cake pan, or in finger paint to make practicing more fun and multisensory.

*Let your child see that written words area a part of daily life. Make grocery lists together, or write notes to relatives and friends. Point out the different ways that you use writing in your daily routine.

*Let your child use school tools such as pencils, markers, crayons, and scissors. Gather and organize these materials, along with some paper, in a box that your child can decorate and have access to.

Letter Recognition

*Play games to help your child recognize some letters of the alphabet.
*Play hide and seek with refrigerator and alphabet magnets.

*Use ABC flashcards to play go fish.

*Make a name card for your child. Display the card in a special place, and talk about the names of the letters.

Beginning Sounds

*Make your child aware of the sound that each letter makes.
*Find items around the house that begin with the same sound and identify the letter that makes each sound.

*Overemphasize the first sound in words to help your child hear the individual sounds in words.

Number Recognition and Counting

*Count throughout the day (for example, the crackers she is eating for snack or the socks you take out of the dryer.)
*Point out numbers you see in your environment and have your child name them (for example, the numbers of food boxes, toys, houses, or street signs).

*Use number words, point out numbers, and involve your child in counting activities as you go through your day.

Shapes and Colors

*If your child is having trouble recognizing certain colors, you might add a little food coloring to cookie dough, milk, or vanilla pudding to emphasize those colors.
*Help your child recognize shapes by showing her how to draw them on paper and cut them out.

*Play games in which your child finds objects of particular colors and shapes around the house or in the neighborhood as you drive.