



Riverhead Charter School

3685 Middle Country Road
Calverton, NY 11933
631 369-5800

*a tuition-free public school of choice
Serving students in grades K -6*

Student Application 2010-2011

Application Instructions: Submit a separate application for each child you wish to enroll. All information on the application must be complete.

Copies of the following documents must be submitted with this application:

- Proof of residency (utility bill, lease agreement) • Copy of birth certificate/social security card
- Child's current immunizations • Current report card • IEP (for special education students only)

Please note that your child must be registered in your home school district in order to attend the Riverhead Charter School

Student Information (please print)

1 Name _____

2 Mailing Address _____ City _____ State _____ Zip _____

3 Date of Birth ____/____/____ 4 Social Security Number _____

5 My child will be in grade _____ in Fall 2010

6 School Previously Attended _____ City and State of Previous School _____

7 Type of School: Public Private Parochial Home 8 School District where student lives _____

9 How did you hear about us? Newspaper Website Flyer or Friend/Family _____ Other _____

The information requested in items 10 - 15 will assist the school in evaluating the effectiveness of its recruitment process and will NOT be used for admission purposes.

10 Gender: Male Female 11 What type of lunch does your child receive? Free Reduced Not Applicable

12 Ethnic Background: African American American Indian Asian/Pacific Islander Caucasian Hispanic Multiracial

13 What language is spoken at home? _____ What is the child's language? _____

Has your child previously participated in either of these programs? English as a Second Language Bilingual Education

14 If your child was born outside of the United States please indicate date of entry into United States _____

15 Are Special Education Services needed? Yes No Does your child have an IEP? Yes No

Parent/Guardian Information (please indicate address of residence)

16 P/G 1 _____ Relationship _____ Address _____ Main Phone (____) _____ Alternate Phone (____) _____ Ext. _____

17 P/G 2 _____ Relationship _____ Address _____ Main Phone (____) _____ Alternate Phone (____) _____ Ext. _____

18 Are any brothers or sisters currently attending or planning to apply to the Riverhead Charter School? Yes No

Please list names and grades and indicate whether they are applying or currently attending:

You must fill out a new application for each child applying.

Brother or Sister's Name _____ Applying Attending Grade for Fall 2010 _____

Brother or Sister's Name _____ Applying Attending Grade for Fall 2010 _____

Brother or Sister's Name _____ Applying Attending Grade for Fall 2010 _____

Brother or Sister's Name _____ Applying Attending Grade for Fall 2010 _____

Parent / Guardian Signature _____ Date ____ / ____ / ____



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STUDENT SERVICES INTAKE INFORMATION

Child's Name _____

Riverhead Charter Schools is fully committed to providing quality education to all of our students-including those with special needs. The following information is extremely important in order to ensure that your child's needs are met. Please complete this page with care.

- ✓ Has your child been involved with early intervention services (birth to 3)? Yes No
- ✓ Has your child been screened for special education by the public schools? Yes No
- ✓ Does your child have a current Individual Educational Plan (IEP)? Yes No

If your child does have an Individual Educational Plan (IEP), we should receive a copy of the IEP prior to your child entering school.

- ✓ Has your child ever received special education services? Yes No
- ✓ Does your child receive services under Section 504 of the Rehabilitation Act of 1973? Yes No
- ✓ Please check the services your child has and/or still receives. (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Inclusion Services |
| <input type="checkbox"/> Self-contained Classroom | <input type="checkbox"/> Orientation & Mobility | <input type="checkbox"/> Deaf & Hard of Hearing |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Counseling | <input type="checkbox"/> Resource Room |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Medical Services | <input type="checkbox"/> Adapted Physical Education |

- ✓ Does your child take medication? (for ADHD, Diabetes, etc.) Yes No
If yes, what medication does your child take? _____
- ✓ Does your child wear glasses? Yes No
- ✓ Does your child wear a hearing aid? Yes No
- ✓ Does your child receive special transportation? Yes No
- ✓ Are you concerned that your child may have a special need that has not been evaluated yet? Yes No
If yes, please explain: _____

Your signature on this form indicates that you understand these questions and that the information you provide is full and accurate.

Parent/Guardian Signature: _____ **Date** ___/___/___



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MEDIA RELEASE

Date: _____

To Whom It May Concern:

With this letter, I the undersigned grant permission to Riverhead Charter School to use photographs/video footage of my child for marketing and promotional materials (e.g. brochures, slides, Web site, advertisements) or for the release to the media.

Student Name: _____

Student Age: _____

School Name: _____

Parent/Guardian Name: _____

Please Print

Parent/Guardian Signature: _____ Date: _____



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TRANSPORTATION REQUEST

Date: __/__/__

Riverhead Charter School
3685 Middle Country Rd
Calverton, NY 11901
(631) 369-5800 (631) 369-6687 fax

To Whom It May Concern:

With this letter, I the undersigned grant permission to Riverhead Charter School to request transportation for my child.

Student Name: _____

Student Street Address: _____

Town: _____ **Zip:** _____ **Home Phone #** _____

Any Special Instructions? _____

Student Age: _____ **Date of Birth** _____

Student Grade in September 2010: _____

Parent/Guardian Name: _____

Please Print

Parent/Guardian Signature: _____

Emergency Contact Information: _____



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REQUEST FOR RECORDS

Date _____

Previous School Attended _____

Dear School Official:

This is to inform you that _____ has enrolled in grade _____ at the Riverhead Charter School. Date of birth is _____.

Please send:

- Cumulative academic record (including current grades)
- Health & Immunization records
- Attendance records
- Special services records (if applicable)

**Please send all information requested as soon as possible to the
Riverhead Charter School
3685 Middle Country Road
Calverton, NY 11933 or fax to (631)369-6687**

Signature of Parent / Guardian _____

Date _____