



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 2009-2010

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) • District Confirmation Form

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 _____

Residency Address _____ City _____ State _____ Zip _____

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

5 My child will be in grade _____ in Fall 2008

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

Parent/Guardian Information (please indicate address of residence)

15 P/G 1 _____ Relationship _____ Address _____ Main

Phone (_____) _____ Alternate Phone (_____) _____ Ext. _____

16 P/G 2 _____ Relationship _____ Address _____

Main Phone (_____) _____ Alternate Phone (_____) _____ Ext. _____

17 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 2009 _____

Brother or Sister's Name _____ Applying Attending Grade for Fall 2009 _____

Brother or Sister's Name _____ Applying Attending Grade for Fall 2009 _____

Parent / Guardian Signature

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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REQUEST FOR RECORDS

Student _____
Last Name First Name Middle

Current Grade _____ Birth Date _____ Verified __Yes __No

Parent/Guardian _____

Date Entered _____

Withdrawing From: _____ Date Withdrawn _____

Comments _____

Signature

Date

Section 2 (To be filled out by receiving school and mailed to sending school)

This constitutes an official request for transcripts of credits, health records and other pertinent information.

Student _____
Last Name First Name Middle

Receiving School _____ Date of Enrollment _____

Parent's Signature

Date



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MEDICAL EXAMINATION AND RECORD OF IMMUNIZATIONS

Child's Name: _____ Examination Date: _____

Address: _____ DOB: __/__/__

Name of Parent/Guardian: _____

Height	_____	Hernia	_____
Weight	_____	Genito-urinary	_____
Eyes	_____	Orthopedic	_____
Ears (otoscopic)	_____	Structural	_____
Lymph Nodes	_____	Posture	_____
Thyroid	_____	Feet	_____
Nose	_____	Skin (non-comm)	_____
Tonsils	_____	Nervous System	_____
Heart	_____	Speech	_____
Lungs	_____	Nutrition	_____

Special recommendations for this child: _____
Other: _____

N.Y. State Requirements for Admission to School

Mandatory documentation, no entry into school without

Polio _____ (date)
DPT _____ (date)
MMR 1st dose __/__/__ 2nd dose __/__/__ PPD _____
Hepatitis B 1st dose __/__/__ 2nd dose __/__/__ 3rd dose __/__/__
Measles ____ Mumps ____ Rubella ____
Varivax _____ or Doctor's confirmation of chicken pox _____

Physician's Signature: _____

Print Name: _____

Blank = no defect X = obs. (not reportable) XX = Report & follow-through
XXX = Report & immediate follow-through I = Irremediable defect



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TRANSPORTATION REQUEST

For school year: 2009 - 2010

Home District (Do not leave blank) _____ **Transportation Department**

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: _____
(First name) (Last name)

Student Street Address: _____

Town: _____ Zip: _____ Home Phone # _____

Any Special Instructions? _____

Student Age: _____ Date of Birth _____ Student Grade in September 2009: _____

Parent/Guardian Name: _____
Please Print

Emergency Contact Name: _____ Emergency Contact Phone: _____

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



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STUDENT REGISTRATION CHECKLIST

- Ü Student Services Intake

- Ü Completed Application and Required Documents
Copy of: Birth Certificate, Immunization, Social Security and
Proof of Residency: (LIPA or Keyspan bill, tax bill, lease agreement)
Confirmation of Registration in Home School District

- Ü Review Original Records for Accurate Date of Birth

- Ü Proof of Registration with Home District

- Ü Records Request

- Ü Transportation Request

- Ü Media Release

- Ü Medical Form

- Ü Emergency Contact Card

- Ü Home Language Questionnaire

- Ü Residency Questionnaire

- Ü Dress Code

- Ü Free and Reduced Lunch Form