

## RIVERVIEW GRADE SCHOOL INFORMATION / REGISTRATION SHEET

Directions: Please fill out this form for EACH of your children attending Riverview Grade School and return it as soon as possible to the school office.

Student's last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 (Please write the LEGAL last name) Nickname: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Ethnic origin: \_\_\_\_\_

Student's Residential Address: \_\_\_\_\_  
 \_\_\_\_\_

Student's Birthday (Month, Day, Year): \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
 Last School Attended \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
 Address of last school: \_\_\_\_\_  
 Will your child ride a bus to school? Yes \_\_\_\_\_ No \_\_\_\_\_ Bus Number \_\_\_\_\_

Name of Legal Guardian(s): \_\_\_\_\_

Father's first and last name: \_\_\_\_\_  
 Father's Address (if different from student's): \_\_\_\_\_  
 \_\_\_\_\_

Father's place of employment: \_\_\_\_\_  
 Father's business phone: \_\_\_\_\_  
 Any other emergency phone for father: \_\_\_\_\_

Mother's first and last name: \_\_\_\_\_  
 Mother's Address (if different from student's): \_\_\_\_\_  
 \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_  
 Mother's business phone: \_\_\_\_\_  
 Any other emergency phone for mother: \_\_\_\_\_

Names of other children living in your home attending Riverview Grade School and/or Metamora High School:

| <u>Last Name</u> | <u>First Name</u> | <u>Teacher</u> | <u>Grade</u> |
|------------------|-------------------|----------------|--------------|
| _____            | _____             | _____          | _____        |
| _____            | _____             | _____          | _____        |
| _____            | _____             | _____          | _____        |

SITTER'S NAME: \_\_\_\_\_ SITTER'S PHONE: \_\_\_\_\_  
 SITTER'S ADDRESS: \_\_\_\_\_

Please list additional people to contact in the event of an emergency:

|    | <u>NAME</u> | <u>PHONE</u> |
|----|-------------|--------------|
| 1. | _____       | _____        |
| 2. | _____       | _____        |
| 3. | _____       | _____        |

Please list the hospital you prefer in the event of an emergency: \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ (If yes, please list the allergies.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child require medication at school? \_\_\_\_\_ (If yes, please fill out medication permission sheet, list the type of medication, times, dosage and any possible side-effects)  
 \_\_\_\_\_

**RIVERVIEW GRADE SCHOOL  
INFORMATION / REGISTRATION SHEET**

Should your child be wearing glasses at school? \_\_\_\_\_  
Does your child have a hearing loss? \_\_\_\_\_ (If yes, please describe): \_\_\_\_\_

Does your child require Special Education Services? \_\_\_\_\_  
Does your child require Speech Therapy Services? \_\_\_\_\_

What are your child's favorite activities or interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What form of discipline is most effective for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What form of discipline do you feel would be the most effective for your child's teacher to use in working with your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of responsibilities does your child have at home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any additional physical, social, or emotional situations which might affect your child's behavior or performance at school. THANK YOU. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_