River Valley Mennonite School
P.O. Box 141
Castorland, NY 13620

Student Application

Student Name: _____
(Last Name) (First Name) (Middle Name)

Student Age: _____ **Gender:** _____ **Birth Date:** _____ **Grade Entering:** _____

Home Address: _____
(Street) (City) (State) (Zip Code)

Parent Email Address: _____

Father's Name: _____ **Father's Occupation:** _____

Phone Number: (____)_____(home / work) (cell? Y / N) (Text OK? Y / N)

Mother's Name: _____ **Mother's Occupation:** _____

Phone Number: (____)_____ (home / work) (cell? Y / N) (Text OK? Y / N)

Marital Status: _____

Brothers' Names: _____ **Sisters' Names:** _____

_____ _____

_____ _____

_____ _____

School Last Attended: _____ **Phone Number:** (____)_____

Address of School Last Attended: _____
(Street) (City) (State) (Zip Code)

Has your child participated in any special education classes? ☐ Yes ☐ No
E.g. - Speech, Reading, Physical Therapy, etc.

If yes, what: _____

In the event of any emergency, whom should the school contact if parents are unavailable?
(Please list two names and phone numbers)

Name: _____ Phone Number: (____)_____

Name: _____ Phone Number: (____)_____

Father/Guardian Signature: _____ **Date:** _____

Mother/Guardian Signature: _____ **Date:** _____

Do you wish to have your child bussed with the Public School? ☐ Yes ☐ No

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HEALTH HISTORY

The following information is important for River Valley Mennonite School to know in order to properly care for your child's needs. Please respond to each question with diligence.

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: (____)_____ **D.O.B.:** _____ **Gender:** _____

Place of Birth: _____ **Family Physician:** _____

Family Physician's Address: _____
(Street) (City) (State) (Zip Code)

Father's Name: _____ **Mother's Name :** _____
(include maiden name)

MEDICAL HISTORY

Please indicate if/when your child experienced these illnesses/conditions

	DATE:		DATE:		DATE:
Anemia:	_____	Measles:	_____	Contact w/ TB:	_____
Chicken Pox:	_____	Mumps:	_____	Whooping Cough:	_____
Diabetes:	_____	Nephritis:	_____	Asthma/Allergies:	_____
Epilepsy:	_____	Rheumatic Fever:	_____	Ear Conditions:	_____
German Measles:	_____	Scarlet Fever:	_____	Frequent Colds/Sore Throats:	_____
Heart Disease:	_____	Tuberculosis:	_____	Pneumonia:	_____

If your child has had any serious illnesses, injuries, or surgeries other than those listed above, please specify and list dates:

Other: _____ Date: _____
Other: _____ Date: _____

Is there any other information that you feel we should know about your child? If so, please explain: _____
_____

Please submit a copy of your child's immunization records with this application.
Does your child have all the immunizations required to attend school? ☐ Yes ☐ No
If not, when the final immunizations are completed, please submit a copy to River Valley Mennonite School no later than August 1.

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Dear Guidance Office:

_____ entered River Valley Mennonite School as of
(Name of Student)

_____. Below is the authorizations for you to release this student's
(Date of Entrance)

records. Please send all academic and health records as soon as possible.

Thank you,

River Valley Mennonite School

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AUTHORIZATION FOR RELEASE OF INFORMATION

Permission is hereby given to _____
(Name of School or Agency)

to furnish information from the record of my child, _____,
(Name of Student)

born _____ to River Valley Mennonite School.
(Date of Birth)

It is understood that this authorization releases you from all legal responsibility which may arise from the act.

_____ _____
(Date) (Signature of Parent or Guardian)

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PARENT AGREEMENT

Date: _____

We, as parents, agree to work cooperatively with the River Valley Mennonite School (R.V.M.S.) in the process of educating our children. We agree to uphold the decisions of the R.V.M.S. School and guidelines set forth in the Student Handbook.

We are officially enrolling our child: _____
(Name)

Enclosed, please find our non-refundable application fee **per student** as follows:

Before March 1 - $20.00
March 1 – June 10 - $40.00
After June 10 - $60.00

Father/Guardian Signature: _____

Mother/Guardian Signature: _____

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STUDENT BACKGROUND

Student Name: _____

For what reason(s) are you requesting your child/children be enrolled at R.V.M.S.? _____

_____

_____

_____

What are your expectations for your child/children if they attend R.V.M.S.? _____

_____

_____

_____

What church does your family attend? _____

Please tells us about your Christian experience: _____

_____

_____

_____

If your child/children have attended other schools, please explain their experiences and the curriculum used: _____

_____

_____

_____

Is/Are your child/children familiar with the A.C.E. curriculum used by R.V.M.S.? ☐ Yes ☐ No

I am in agreement with my child/children attending R.V.M.S. and feel the Lord is leading us there:

Father/Guardian Signature: _____

Mother/Guardian Signature: _____

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BUSING/TRANSPORTATION

Date: _____

School Board District No.: _____

Township: _____

Gentlemen:

In accordance with the laws of the State of New York, I hereby formally request transportation for

_____ to River Valley Mennonite School, Lewis County,
(Name)

during the coming scholastic year on all days this school is in session. The pupil for whom I am requesting transportation is _____ years of age, will enter grade _____ in September. The student resides at:

_____
(Address) (City) (State) (Zip Code)

In addition, I hereby notify you that I have authorized the principal of the above mentioned school to act as my representative in requesting transportation in this and subsequent years. This authorization is valid until revoked.

_____
(Parent or Guardian)

To Whom it May Concern:

This is to certify that I appoint the Principal of River Valley Mennonite School, Lewis County, to act as my authorized representative for transportation to school under the provisions of the Speno Law.

_____
(Name of Pupil)

This authorization shall last as long as the pupil remains in the above-mentioned school and is valid until revoked.

_____
(Parent or Guardian)

Form T-36C

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BUSING/TRANSPORTATION

Child's Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Telephone Number: _____

Mailing Address: _____
(Address) (City) (State) (Zip Code)

Please complete the following information to the best of your ability. This form is very helpful when bus routes are organized in the summer.

Please describe exactly where you live (formal address and location):

I.E.- Rte - 26, mile past trooper barracks, yellow house on right. OR
Bardo Rd., ½ mile from Outer Stowe Street Corner, blue house on left.

If in any of the villages, list street address.

_____

_____

_____

_____

_____

Will your child(ren) be picked up and dropped off at the address listed above? ☐ Yes ☐ No

If no, please describe where and when your child will be picked up and dropped off.

_____

_____

_____

_____

_____

Form T-36A