



# RIVERVIEW SCHOOL DISTRICT Original Entry Information

Please type or print clearly

Name of Student \_\_\_\_\_ Date of Entry \_\_\_\_\_

### Parent(s) with whom child resides:

\_\_\_\_\_  
Last Name                      First Name                      Initial                      Phone Number

\_\_\_\_\_  
Last Name                      First Name                      Initial                      Phone Number

### Address where child resides:

\_\_\_\_\_  
House No.                      Street                      Town                      Phone Number

### Parents:

\_\_\_\_\_  
Last Name                      First Name                      Initial                      Phone Number

\_\_\_\_\_  
Last Name                      First Name                      Initial                      Phone Number\_

### Children:

\_\_\_\_\_  
Last Name                      First Name                      Initial                      School                      Date of Birth

\_\_\_\_\_  
Last Name                      First Name                      Initial                      School                      Date of Birth

\_\_\_\_\_  
Last Name                      First Name                      Initial                      School                      Date of Birth

\_\_\_\_\_  
Last Name                      First Name                      Initial                      School                      Date of Birth