



# 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