



Riveredge Outdoor Learning Elementary School Application for Admission 2020-2021 School Year

Location at Riveredge Nature Center: 4458 County Road Y, Saukville, WI 53080

Website: www.theriveredgeschool.org

Phone: 262-416-1171

Email: info@theriveredgeschool.org

- All families must complete a paper enrollment application form for each child and return to The Riveredge School in person or via mail: *The Riveredge School, P.O. Box 46, Newburg, WI 53060* by April 30, 2020.
- Students who do not reside in the Northern Ozaukee School District (NOSD) must also open enroll into the NOSD by completing the Wisconsin DPI open enrollment application between February 3 – April 30, 2020.

Family Information:

Child's Legal Name: First Name: _____ Middle: _____ Last: _____

Date of Birth: ____/____/____ Gender: _____

Grade applying for during the 2020-2021 school year (please circle intended grade): Kindergarten 1st 2nd 3rd 4th 5th

1) Parent/Guardian Name: _____ Occupation: _____

Date of Birth: ____/____/____ Relationship to this student (Circle): Mother, Father, Step-Parent, Legal Guardian, Other: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell #: _____ Work #: _____ Email: _____

2) Parent/Guardian Name: _____ Occupation: _____

Date of Birth: ____/____/____ Relationship to this student (Circle): Mother, Father, Step-Parent, Legal Guardian, Other: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell #: _____ Work #: _____ Email: _____

Other Caregiver Name: _____ Primary Phone: _____

Siblings also applying to the Riveredge Outdoor Learning Elementary School? YES / NO If yes, please list name(s) and grade(s): _____

School District in which you reside: _____ Current grade level: _____

Current and Previous Schooling/Childcare

1) Current school name: _____ Dates attended: _____

Address: _____ Phone: _____ Teacher: _____

2) Previous school name: _____ Dates attended: _____

Address: _____ Phone: _____ Teacher: _____

Is this student (Choose one or more. You must choose at least one.)

____ Hispanic or Latino

____ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment).

____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).

____ Black or African American (A person having any origin in any of the black racial groups of Africa).

____ Native Hawaiian or other Pacific Islander (Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

____ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa).

Is the first language used by this student English? YES / NO If no, what is preferred language? _____

When at home, does the student use a language other than English more than half of the time? YES / NO

Special Education, Medical, and Behavioral Information

To ensure appropriate placement and necessary support services, please provide the following information about your child's current and previous educational program.

Important Note: If your child has an IEP, we will need a copy of that document, and the assessment that created IEP eligibility included with this application. If an IEP is developed after the date that you submit this application, please send us a copy of the new IEP and assessment as soon as it is available.

Is this student currently enrolled in special education / has an IEP (Individual Education Plan)? YES / NO If yes, please describe what kind of services this student is receiving from the IEP: _____

Does your child have a 504 Accommodation Plan? YES / NO If yes, please explain: _____

Please check any medical conditions that your child may have: ☐ No specific medical conditions
☐ Asthma ☐ Autism ☐ ADD/ADHD ☐ Diabetes ☐ Epilepsy/Seizures ☐ Cognitive or Learning Difficulties
☐ Cerebral Palsy/Motor Development Delays ☐ Other Delays: _____
☐ Dietary Restrictions/Food/Milk Allergies. Specify restrictions: _____
☐ Gastrointestinal or feeding concerns, including special diet supplement.
☐ Non-food allergies. Specify: _____

Other condition(s) or alert information that staff should be aware of requiring special care. Specify: _____

Additional information that would be helpful to teachers/staff: _____

Before and After School Care **INTEREST ONLY SURVEY**

If there is enough interest to offer before/after school programs, formal enrollment will occur by June 2020.

Does your child require before school care? YES / NO Does your child require after school care? YES / NO

If yes, which days does your child require before or after school care? (check all that apply):

Before school care: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

After school care: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

If an after school nature club was offered at Riveredge Nature Center, would you be interested in enrolling your child? YES / NO

If yes, which day(s) could your child attend? (check all that apply): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

ALL APPLICANTS MUST COMPLETE THIS SECTION:

Student's Name: _____

I, _____, hereby certify that I am the parent or legal guardian of the child named above, and that all of the information given in this application is true to the best of my knowledge. I authorize The Riveredge Outdoor Learning Elementary School to contact any care provider or school that my child has attended for additional information about my child.

Signed _____ Date _____

Office Use Only

Date Application Received: _____ Lottery #: _____ Sibling: _____ Staff: _____ Orient: _____ Withdrew: _____ Other: _____