

**Application for Admission/Transfer
Riviera Independent School District
2009-2010**

NAME OF STUDENT _____ BIRTH DATE _____

STUDENT SOCIAL SECURITY NUMBER _____

NAME OF PARENTS/GUARDIAN _____

ADDRESS _____

CITY/ STATE/ ZIP _____

PHONE NUMBERS OF PARENTS/GUARDIAN:

WORK: _____ CELL: _____

HOME: _____ CELL: _____

GRADE LEVEL FOR 2008-09: PK K 1 2 3 4 5 6 7 8 9 10 11 12

GRADE LEVEL FOR 2009-10: PK K 1 2 3 4 5 6 7 8 9 10 11 12

RESIDENT DISTRICT _____

SCHOOL DISTRICT ATTENDED IN 2008-09:

NAME OF SCHOOL _____

COMPLETE ADDRESS _____

TELEPHONE NO. _____

IF STUDENT WAS ENROLLED IN ANY OF THE FOLLOWING SPECIAL PROGRAMS, PLEASE CHECK:

Gifted and Talented _____ ESL _____ 504 _____ Special Education _____

SPECIAL REQUIREMENTS OR COMMENTS:

CHARACTER REFERENCES:

1. _____
Name Address Phone

2. _____
Name Address Phone

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

For Office Use Only

The Student listed above has been approved denied. DATE: _____

CAMPUS PRINCIPAL

SUPERINTENDENT OF SCHOOLS