



FOUR RIVERS COMMUNITY SCHOOL
A State of Oregon Sponsored School

ENROLLMENT APPLICATION FOR
SCHOOL YEAR 2018-2019



Name of Student: _____

Date of Birth: _____

Address: _____

City, State and Zip: _____

Grade in fall of 2018 (circle): K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Current school: _____ Current Public School District: _____

If student is not now attending a public school, in which public school neighborhood and district would student reside in fall 2018? School: _____ District: _____

Does student have an IEP [Individualized Education Program, for special education]? Yes No

If yes, name of contact on district IEP team, if known: _____

Child's First Language: English Spanish Other _____

Does anyone in the home speak Spanish? Yes No

Parent/Guardian Name: _____

Address: _____

City, State and Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Employer: _____ Email: _____



Please list 2 emergency contacts

Name _____ Name _____

Phone _____ Phone _____

Mail or drop off completed form to: Four Rivers Community School
2449 S.W. 4th Ave.
Ontario, OR 97914

If you have any questions please call Lili at: 889-3715

Office Use Only

Date Received: _____ Time: _____

