



**Registration Information**  
**2024-25**

Please complete the information below and return to us by May 10th. Please contact us at (828) 262-5411 with questions. This information is an important part of serving your child to the best of our ability. Please complete this packet for **each** of your children who will be attending Two Rivers.

Student is registering for \_\_\_\_\_ grade for the 2024-25 school year.

**Student Information**

Student's Full Name \_\_\_\_\_

Student's Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age as of August 31<sup>st</sup> \_\_\_\_\_ Birthdate \_\_\_\_\_

Race: \_\_\_\_\_

**Parent/Guardian Information**

Name of 1st Parent/Guardian \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Primary phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of 2nd Parent/Guardian \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Primary phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Siblings**

Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Current School \_\_\_\_\_

**School Information**

Current School \_\_\_\_\_

School Address \_\_\_\_\_

Home School and District \_\_\_\_\_

Previous Schools Attended \_\_\_\_\_ Grade Completed \_\_\_\_\_

**Additional Student Information**

Has your child been promoted beyond their normal grade level No \_\_\_\_\_ Yes \_\_\_\_\_

Has your child ever been suspended or expelled No \_\_\_\_\_ Yes \_\_\_\_\_, when \_\_\_\_\_

Has your child been retained No \_\_\_\_\_ Yes \_\_\_\_\_, if yes, what grade level \_\_\_\_\_

Does your child have allergies or medication \_\_\_\_\_

Are there any physical limitations that might interfere with your child's ability to do school work or participate in physical activities \_\_\_\_\_

\_\_\_\_\_

**What is your child's first language** \_\_\_\_\_

**What language is spoken at home** \_\_\_\_\_

**What language does your child speak most often** \_\_\_\_\_

**I have answered all of the questions to the best of my ability and certify that all the information is true to the best of my knowledge.**

**Parent/Guardian Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**(don't forget the Parent Narrative starting on the next page)**

**Parent Narrative**

**Please describe your child's strengths as a student and future member of the Two Rivers Community. You might want to include information about their academic performance, interpersonal skills, artistic talents, physical abilities, and more.**

**Please describe your child's challenges as a learner. In what areas do they have to work the hardest and what kind of instruction do they respond to best.**

**Has your child experienced any behavioral or social challenges in the last two years? If so, please provide us with as much information as possible about their behavioral or social challenges and/or history. Also describe the steps that have been taken to address these issues, including counseling, mediation, behavioral plans, etc.**

**If your child has been expelled or suspended please explain. Include the name of the school and dates.**

**Is there anything else important that you would like to share with us about your child?**

**Two Rivers relies on parent participation and support in order to implement our active, hands-on program. Explain how you see yourself fulfilling recommended parent volunteer hours (two hours per month) and contributing to our school community.**

**Has your child had an IEP or 504 Plan within the last 2 years? If so, please explain the nature of the placement and the type of services they received. A copy of the IEP would be helpful, so that we can plan for the school year.**

# Exceptional Needs Identification Form

This is a critical form in assisting us to prepare for the needs of all students coming to our school. We will use this information as we address staffing the school and contracting special services. Please give us as much information as possible. Of course, you will be receiving a "request for records" form, so we will get your child's records from their current school. However, we would like to begin planning now. Feel free to attach copies of IEP forms, specialist reports, etc. to better inform us regarding your child's needs. The more information you give us, the better we can prepare for your child to have a happy, healthy transition to our school.

Child's Name \_\_\_\_\_ Grade for 2024-2025 \_\_\_\_\_

My child is currently labeled as an exceptional student. Their label is:

\_\_\_\_\_

They currently receive the following exceptional services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Our child is not currently labeled, but we and/or his teachers have concerns (for example, attention, activity level, developmental issues, language development, fine/gross motor development, reading, math, writing, behavioral/emotional/social development, etc.)

Please briefly describe concerns: