



# River's Edge Transfer Request

975 Gillespie Street | Richland, WA  
P: 509-967-6450 | F: 509-942-2598

Student Legal Name (Please Print) \_\_\_\_\_ Birthdate \_\_\_\_\_

Student goes by \_\_\_\_\_ Grade \_\_\_\_\_

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

Student Email \_\_\_\_\_ Student ☎ \_\_\_\_\_

\*\*\*\*\*

Parent/Guardian 1 (Please Print) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home ☎ \_\_\_\_\_

Work ☎ \_\_\_\_\_

Cell ☎ \_\_\_\_\_

Does the student reside at the above listed address with parent? ☐ YES ☐ NO

\*\*\*\*\*

Parent/Guardian 2 (Please Print) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home ☎ \_\_\_\_\_

Work ☎ \_\_\_\_\_

Cell ☎ \_\_\_\_\_

Does the student reside at the above listed address with parent? ☐ YES ☐ NO

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Why do you think your student is an Alternative Learner?

## Program Choice

☐ Online Options

☐ In-Person Instruction (Project Based Learning)

☐ Other: \_\_\_\_\_

Any Special Programs required? ☐ Yes ☐ NO

If yes, check all that apply:

☐ Special Education / IEP

☐ Section 504

☐ ESL

☐ Remedial Chapter / LAP

☐ Other: \_\_\_\_\_



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# River's Edge High School AUTOBIOGRAPHY

Student Legal Name (Please Print) \_\_\_\_\_ Birthdate \_\_\_\_\_

All applying Students must include an autobiography about yourself & your life.  
This will help us develop your Individual Student Plan & begin the process of helping you  
achieve your academic goals.

Be thoughtful and open in your autobiography, and be sure to include your "Goals" for the future and what you hope to gain from your time at River's Edge High School



# River's Edge Transfer Request Military Status Survey

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According to RCW 28A.300.505(2)(b) school districts are required to report parent or guardian military status.

RCW 28A.300.505(2)(b)

School data systems-Standards-Reporting format.

(2)(b) Starting no later than the 2016-17 school year, data on students from military families. The K-12 data governance group established in RCW 28A.300.507 must develop best practice guidelines for the collection and regular updating of this data on students from military families.

Student Legal Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Please check the appropriate box for parent/guardian information:

- ☐ No parent/guardian is currently serving as a member of the active duty U.S. Armed Forces, reserves of the U.S. Armed Forces or Washington National Guard (Code N)
- ☐ Parent/Guardian is a current member of the active duty U.S. Armed Forces (Code A)
- ☐ Parent/Guardian is a current member of the reserves of the U.S. Armed Forces (Code R)
- ☐ Parent/Guardian is a current member of the Washington Nation Guard (Code G)
- ☐ More than one parent/guardian is a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard (Code M)
- ☐ No response/refuse to state (Code Z)

Parent/Guardian Name (Please Print) \_\_\_\_\_

Please check the appropriate box for parent/guardian information:

- ☐ No parent/guardian is currently serving as a member of the active duty U.S. Armed Forces, reserves of the U.S. Armed Forces or Washington National Guard (Code N)
- ☐ Parent/Guardian is a current member of the active duty U.S. Armed Forces (Code A)
- ☐ Parent/Guardian is a current member of the reserves of the U.S. Armed Forces (Code R)
- ☐ Parent/Guardian is a current member of the Washington Nation Guard (Code G)
- ☐ More than one parent/guardian is a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard (Code M)
- ☐ No response/refuse to state (Code Z)



Dear Parent/Guardian,

My name is **Paulina Valdez** and I am River's Edge High School's Site Coordinator with Communities In Schools of Benton-Franklin (CISBF). My role in the school is to broker, coordinate and/or provide any additional assistance families may need both in and out of school. Please note this may include contact with you and your student by phone, text, email, or virtual platforms such as Zoom, Google Classroom, Microsoft Teams, etc. . .

For example, some of the supports I can provide are:

- Obtaining additional academic support for your student in or out of school
- Connecting you and your student with teachers and other staff
- Providing assistance with finding a counselor or mental health professional
- Answering questions, you may have about the school or nearby resources
- Assisting your student with setting and achieving goals
- Talking about student concerns at school
- Finding assistance for food, rent, utilities, clothes, and more...
- Home Visits Communication

Communities In Schools of Benton-Franklin (CISBF) works in partnership with Richland School District to help students achieve success in school and in life. Our school-based Site Coordinator brokers, coordinates and/or provides support services and enrichment opportunities to help meet your student's academic and non-academic needs. Site Coordinators utilize community resources to help provide a wrap-around support system for students and families who want additional assistance. Services provided by CISBF are free to students and their families at participating schools. Your student has the opportunity to participate and receive CISBF services, but we require permission for release of your student's educational records to CISBF staff.

**Please make sure to sign and initial the attached permission slip to authorize any services to be provided at any time they are needed by you or your student.**

Please feel free to call me if you have any additional questions. My direct line is **(509) 967-6461**. You can also email me at [paulinav@cisbentonfranklin.org](mailto:paulinav@cisbentonfranklin.org). You can call the River's Edge High School office at (509) 967-64050 and ask for me or the CISBF Site Coordinator.

If you'd like any more information about our program or services offered, or would like to speak to our Program Manager, Joely Nye-Felt, you can reach our administrative office at 509.967.6042 or email [joelyn@cisbentonfranklin.org](mailto:joelyn@cisbentonfranklin.org)

Thank you,

**Paulina Valdez**  
**Site Coordinator at River's Edge High School**  
**Communities In Schools of Benton-Franklin**  
**(509) 967-6461**  
**[paulinav@cisbentonfranklin.org](mailto:paulinav@cisbentonfranklin.org)**



**Communities In Schools of Benton-Franklin**  
**SITE COORDINATOR SERVICES CONSENT FORM**



Dear Parent/Caregiver,

Communities In Schools of Benton-Franklin (CISBF) works in partnership with Richland School District to help students achieve success in school and in life. Our school-based Site Coordinator brokers, coordinates and/or provides support services and enrichment opportunities to help meet your student's academic and non-academic needs. Site Coordinators utilize community resources to help provide a wrap-around support system for students and families who want additional assistance. Services provided by CISBF are free to students and their families at participating schools.

Services we provide include but are not limited to food/hygiene/clothing assistance, empowerment groups, after-school programs, enrichment programs, attendance check-in's, goal setting, and referrals to community services (medical, dental, mental health, DSHS, etc.).

Your student has the opportunity to participate and receive CISBF services, but we require permission for release of your student's educational records. By signing below, Richland School District will be authorized to release any records pertaining to your child to CISBF.

**Parent/Guardian Permission for CIS of Benton Franklin services:**

Please sign below to grant permission for your child to participate in CISBF services. Your permission allows student demographic and programmatic information to be shared between Richland School District and CISBF in order to address student needs, evaluate programs, secure funding, and best serve your children and family. This consent to participate will remain in effect until CISBF is notified in writing of your intention to revoke this agreement or the child/children leave Richland School District

**All personal information is kept secure and confidential.**

Student Name: \_\_\_\_\_ Student's birthday: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please initial:**

\_\_\_\_\_ **I have received and read the attached cover letter with Communities In Schools of Benton-Franklin's description of services and contact information.**

(Please note, if student is over the age of 18 or unaccompanied youth as defined by McKinney Vento Act, student may sign consent on own behalf)

**Media Release:**

CISBF may photograph, film and/or make sound recordings of your child for educational and promotional/advertising materials. Your selection remains valid for all media projects for which this consent form covers.

☐ **I authorize** the above media release.

☐ **I DO NOT** authorize the above media release.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_