
RIVER OAKS BOOSTER APPLICATION

Referring School _____ Date _____

Student Name _____ ID# _____

DOB _____ Age _____

Person Making Referral _____ Position _____

Email _____ Phone _____

Applying for

FALL BOOSTER

(8th grade Students attend ROMS in the fall to complete 8th grade and two 9th grade credit classes. Students will enroll in 9th grade at their base high school in the Spring.)

SPRING BOOSTER

(7th grade students attend ROMS in the Spring to complete 7th and 8th grade curriculum. Students will enroll in 9th grade the following Fall.)

EOG Scores

_____ 6th grade Math _____ 6th grade ELA

_____ 5th grade Math _____ 5th grade ELA

What grade level(s) was the student retained? _____

Name of Parent Contacted _____

Date of Parent Contact _____

Parent Phone # _____

Please check any of the following plans in place for this student

IEP _____ 504 _____ Tier III _____ BIP _____

Please include with this application:

Three teacher recommendations ([teacher recommendation](#))

Copy of school attendance records (if outside of WCPSS in the past three years)

Applications can be emailed to Lauren Huber at lhuber@wcpss.net or sent to River Oaks Middle School ATTN: Booster Application/Lauren Huber.

