

Renaissance

35-59 81st Street, Jackson Heights, New York 11372 **Renaissance 2**

60-02 Maspeth Avenue, Maspeth, New York 11378

Grades PK-6

www.renaissancecharter.org

emergency contact (please print clearly)

How does your child travel to school?

These permissions will remain in place from year to year unless and until we receive a new form. Please notify the office when any of the aforementioned information has changed. THANK YOU! Return completed form to the main office.

Please note that TRCS will provide your e-mail address and phone number to the PTA so that you may be contacted about PTA and school activities.

Attach Picture Here

Do you have a sibling or relative at TRCS or TRCS 2 (Please give name and grade)? Parent/Guardian Additional Parent/Guardian Last Name First Name Last Name Relationship Relationship Telephone (Home) Telephone (Work) Telephone (Home) Telephone (Work) Telephone (Home) Telephone (Work)	Additional Parent/Guardian First Name Last Name First Name	ast Name	First Name	Middle Initial	Class	Grade	
Last Name First Name Last Name First	Additional Parent/Guardian First Name	Street Address		Apt. City#	State	Zip	
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\sqcup 1 DO NO1 give permission for my chila to take walking trips in the neighborhood during the school year.	permission for my child to take walking trips in the neighborhood during the school year.	IDO give permission for n physical education activit	ny child to take neighborhood w ies) during the school year.			eas for	

□ Walk □ Subway □ Car □ Other □ Bus (public) □ Bus (school) □ Bus (private), specify company name: _

consent to photograph/video a student for a non-profit purpose

The Renaissance Charter School, and publications given permission by the school's administration, may use interviews, quotes and photographs/videos of my child for non-profit purposes. I also grant said persons or publications the right to edit, use and reuse said products and hereby release The Renaissance Charter School and its agents and employees from all claims, demands, liabilities whatsoever in connection with the above.

Please check ONE of the following:

Please check ONE of the following: I DO give my consent to photograph my child for a r I DO NOT give my consent to photograph my child fo		
authorization		
I/We hereby certify that the above information above, to provide emergency care at the schoo	n is accurate. I/We hereby give TRCS permission to cool and to transport to the nearest hospital for care if	ontact the physician named indicated.
Parent or Guardian's Name (Please print)	Parent or Guardian's Signature	Date
For off so use only		
For office use only: MetroCard issued:		
Bus route:Bus stop:		