

**Grades PK-6**

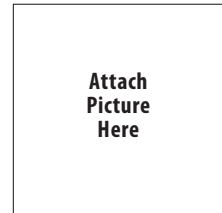
www.renaissancecharter.org

**emergency contact** *(please print clearly)*

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.

**Student Information (please attach a recent photograph — optional)**



|                |            |                |       |       |
|----------------|------------|----------------|-------|-------|
| Last Name      | First Name | Middle Initial | Class | Grade |
| Street Address | Apt.       | City#          | State | Zip   |

Do you have a sibling or relative at TRCS or TRCS 2 (Please give name and grade)? \_\_\_\_\_

**Parent/Guardian**

|                  |                  |
|------------------|------------------|
| Last Name        | First Name       |
| Relationship     |                  |
| Telephone (Home) | Telephone (Work) |
| Cell Phone       | E-mail Address   |

Is English your primary language?  Yes  No

If not, please specify primary language: \_\_\_\_\_

If this information has changed since last year, please check here.  
Si esta informacion es diferente a la del ano pasado, por favor marque esta caja.

**Additional Parent/Guardian**

|                  |                  |
|------------------|------------------|
| Last Name        | First Name       |
| Relationship     |                  |
| Telephone (Home) | Telephone (Work) |
| Cell Phone       | E-mail Address   |

Is English your primary language?  Yes  No

If not, please specify primary language: \_\_\_\_\_

**Doctor**

|           |            |
|-----------|------------|
| Last Name | First Name |
| Address   |            |
| Telephone |            |

**Emergency Contact Person**

|                  |                  |
|------------------|------------------|
| Last Name        | First Name       |
| Relationship     |                  |
| Telephone (Home) | Telephone (Work) |
| Cell Phone       |                  |

**consent for walking trip**

Please check ONE of the following:

- I DO give permission for my child to take neighborhood walking trips for educational purposes (including walks to local park areas for physical education activities) during the school year.
- I DO NOT give permission for my child to take walking trips in the neighborhood during the school year.

**transportation**

**How does your child travel to school?**

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

**over**

**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:

- I DO give my consent to photograph my child for a non-profit purpose.
- I DO NOT give my consent to photograph my child for a non-profit purpose.

**authorization**

I/We hereby certify that the above information is accurate. I/We hereby give TRCS permission to contact the physician named above, to provide emergency care at the school and to transport to the nearest hospital for care if indicated.

\_\_\_\_\_  
Parent or Guardian’s Name (Please print)

\_\_\_\_\_  
Parent or Guardian’s Signature

\_\_\_\_\_  
Date

**For office use only:**

MetroCard issued: \_\_\_\_\_

Bus route: \_\_\_\_\_

Bus stop: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_