



# The Renaissance

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## Charter School

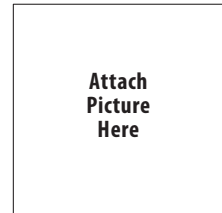
### Grades 7-12

#### 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 Parent Association so that you may be contacted about Parent Association 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 (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.

#### Doctor

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

#### 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: \_\_\_\_\_

#### Emergency Contact Person

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone (Home) Telephone (Work)

\_\_\_\_\_  
Cell Phone

#### consent for walking trip (grades 7-12)

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 (grades 7-12)

##### 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 (grades 7-12)

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.

## parental permission for outdoor lunch privileges (grades 7-12)

Students with parental permission and who have satisfactory conduct in school and behave in an exemplary manner and return to school promptly, have the option to go outside the school during lunch. Lunch privileges are subject to being withdrawn if the student does not demonstrate satisfactory conduct in or around the school.

Please check ONE of the following:

- I DO give my consent for my child to eat lunch in the local neighborhood through the school year.
- I DO NOT give my consent for my child to eat lunch in the local neighborhood through the school year.

## consent to release student's contact information (grades 9-12)

Federal law requires schools to provide names, addresses and telephone numbers of high school students to institutions of higher education and military recruiters that request this information. While we are committed to protecting the confidentiality of our students, we must comply with law. Therefore, unless you notify us in writing that you do not consent to the release of your child's information, we must disclose it.

Please check ONE of the following:

- I DO NOT consent to release of my child's information to institutions of higher education and military recruiters.
- I DO NOT consent to release of my child's information to institutions of higher education.
- I DO NOT consent to release of my child's information to military recruiters.

## consent to release student's transcript and grade reports (grades 9-12)

Please check ONE of the following:

- I DO give my consent for transcripts and various grade reports to be released to institutions of higher learning, community service agencies and other school programs and scholarship agencies upon request.
- I DO NOT give my consent for transcripts and various grade reports to be released to institutions of higher learning, community service agencies and other school programs and scholarship agencies upon request.

## 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

## national student clearinghouse opt-out

The National Student Clearinghouse (the "NSC") is a non-profit organization that will provide college enrollment and graduation information to TRCS. This information will help us understand and improve students' college readiness and success, and will be used by TRCS for research purposes. TRCS designates student names, grade levels and dates of birth of students entering 9th grade, together with TRCS students for the years 2003-2011, as directory information for the limited purpose of disclosing this information to the NSC. The NSC, in turn, will give Renaissance information on our former students who enrolled in a higher educational institution. This information includes where the student entered college, the state where the college is located, dates enrolled, graduation date (if applicable) and degree earned (if applicable).

Please complete and sign below if you wish to opt out of release of information to the NSC. If you do not wish to opt out, please leave this blank.

- I am the student listed above, and am age 18 or over. I do NOT want my name, grade level and date of birth released to the NSC.
- I am the parent or guardian of the student listed above, who is under age 18. I do NOT want my child's name, grade level and date of birth released to the NSC.

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

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date