



The Renaissance

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rencharters.org • 718-803-0060 (-3785 fax) • trcsinfo@rencharter.org

Charter School

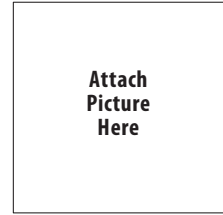
Grades PK-6

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 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: _____
