



35-59 81 STREET
JACKSON HEIGHTS, NY 11372
718-803-0060 | (f) 718-803-3785
WWW.RENCHARTERS.ORG

PLEASE PRINT CLEARLY
in blue or black ink

APPLICATION FOR PRE-K-12TH GRADE ADMISSION

INSTRUCTIONS: ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED. PLEASE PRINT ALL INFORMATION CLEARLY. ITEMS MARKED WITH AN ASTERISK (*) ARE THE ONLY ITEMS REQUIRED. Please return the completed application to our main office. Families wishing to receive a confirmation that their application was received will need to scan or send a picture of the completed form to admissions@rencharter.org.

APPLICATION DUE DATE: April 1, 2026 at 11:59 pm

LOTTERY DATE: April 3, 2026; **LOCATION:** Virtual

GRADE APPLYING FOR:

FOR THE SCHOOL YEAR:

2026-27

STUDENT INFORMATION

*LAST NAME: _____
*FIRST NAME: _____ M.I. _____
*DATE OF BIRTH: _____
*ADDRESS: _____
APT: _____
*CITY: _____, NY, *ZIP CODE: _____

OPTIONAL (FOR DATA COLLECTION ONLY):

GENDER IDENTIFICATION: _____

RACE/ETHNICITY (PLEASE MARK ONE):

- ___ ASIAN OR PACIFIC ISLANDER
___ HISPANIC
___ BLACK, NOT OF HISPANIC ORIGIN
___ WHITE, NOT OF HISPANIC ORIGIN
___ NATIVE AMERICAN OR ALASKAN NATIVE
___ MULTI-RACIAL

SCHOOLING BACKGROUND:

CURRENT SCHOOL: _____
ADDRESS: _____
CURRENT GRADE: _____
STUDENT'S ID # (IF KNOWN): _____

HOW DID YOU FIND OUT ABOUT OUR SCHOOL?

- ___ WEBSITE
___ OPEN HOUSE
___ RELATIVE/FRIEND
___ SOCIAL MEDIA
___ OTHER (PLEASE EXPLAIN): _____

FAMILY INFORMATION

PARENT/GUARDIAN #1:

*LAST NAME: _____
*FIRST NAME: _____ M.I. _____
*RELATIONSHIP: _____
*CELL PHONE: _____
WORK PHONE: _____
*E-MAIL ADDRESS: _____
*ADDRESS: _____
APT: _____
*CITY: _____, NY, *ZIP CODE: _____

DISTRICT # _____ (For school use only)

PARENT/GUARDIAN #2:

LAST NAME: _____
FIRST NAME: _____ M.I. _____
RELATIONSHIP: _____
CELL PHONE: _____
WORK PHONE: _____
E-MAIL ADDRESS: _____
ADDRESS: _____
APT: _____
CITY: _____, NY, ZIP CODE: _____

SIBLING INFORMATION:

PLEASE NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR EACH SIBLING WHO APPLIES.

SIBLINGS CURRENTLY ATTENDING TRCS:

NAME, GRADE: _____

NAME, GRADE: _____

SIBLINGS CURRENTLY APPLYING TO TRCS:

NAME, GRADE: _____

NAME, GRADE: _____

**WE AFFIRM THAT THE INFORMATION
CONTAINED IN THIS APPLICATION IS, TO
THE BEST OF OUR KNOWLEDGE, TRUE.**

*PARENT/GUARDIAN SIGNATURE;

X _____

Date: _____



**Please also enter us into the lottery
for The Renaissance Charter School 2
(Elmhurst)**

The Renaissance Charter School shall not discriminate against or limit the admission of any student on any unlawful basis of ethnicity, national origin, gender, disability, intellectual ability, measure of achievement or aptitude, athletic ability, race, creed, gender, national origin, religion or ancestry. The Renaissance Charter School will not require any action by a student of family (such as an admissions test, interview essay, attendance at any information session, etc.) in order for any applicant to either receive or submit an application for admission to this school.

We welcome applications from students with special needs and English language learners.