



RENAISSANCE ACADEMY STUDENT REGISTRATION FORM

2024-2025

325 North Santa Anita Avenue Arcadia California 91006 2878. Tel:626-693-1308. Web:www.renaissanceacademy.com

Instructions:Please print using a **black ball point pen**,complete **all pages** and **sign and date** the last page. Notify your school immediately if any of your information changes. If you need help filling out this form, please contact your school.

New Student **Returning Student**

STUDENT INFORMATION

1. Legal Last Name: _____ 2. Legal First Name: _____
3. Legal Middle Name: _____ 4. Grade: _____ 5. Gender: _____ Female _____ Male
6. Preferred Name: _____ 7. Birthdate: ____/____/____
8. Student Email Address: _____
9. Home Address: _____ Number and Street _____ City _____ State _____
Country _____ Zip Code _____
10. Mailing Address (If Different from Home): _____ Number and Street _____ City _____
State _____ Country _____ Zip Code _____
11. Family Home Phone No. _____
12. Student Cell Phone No. _____

ADDITIONAL INFORMATION FOR INTERNATIONAL STUDENT TO ASSIST US WITH PLACEMENT AND SUPPORT

13. Country of Birth: _____ 14. Passport Number: _____ 15. country(ies) of citizenship: _____
16. Place of Issuance: City _____ Country _____ State/Province _____
17. United States Address: _____ Number and Street _____ City _____
State _____ Country _____ Zip Code _____
18. What language(s) are primarily used in the home? _____
19. In what language(s) would you prefer or receive communication from the school? _____

PREVIOUS SCHOOL INFORMATION

- | 20. School (most recent first) | City and State | Years Attended (ex:2014-15) |
|--------------------------------|----------------|-----------------------------|
| A. _____ | _____ | _____ |
| B. _____ | _____ | _____ |
| C. _____ | _____ | _____ |
| D. _____ | _____ | _____ |

FAMILY INFORMATION

PARENT/RESPONSIBLE ADULT #1: (Please Circle)

21. ___ Mother ___ Father ___ Guardian ___ Other: _____

22. Legal Last Name: _____ 23. Legal First Name: _____

24. Email Address: _____

25. Address (If Different from Student): _____ Number and Street _____ City _____

State _____ Country _____ Zip Code _____

26. Mailing Address (If Different from Home): _____ Number and Street _____ City _____

State _____ Country _____ Zip Code _____

27. Primary Phone No. (Required): _____ Type: Home ___ Cell ___ Work ___

28. Secondary Phone No. (Required): _____ Type: Home ___ Cell ___ Work ___

PARENT/RESPONSIBLE ADULT #2: (Please Circle)

29. Mother ___ Father ___ Guardian ___ Other: _____

30. Legal Last Name: _____ 31. Legal First Name: _____

32. Email Address: _____

33. Address (If Different from Student): _____ Number and Street _____ City _____

State _____ Country _____ Zip Code _____

34. Mailing Address (If Different from Home): _____ Number and Street _____ City _____

State _____ Country _____ Zip Code _____

35. Primary Phone No. (Required): _____ Type: Home ___ Cell ___ Work ___

EMERGENCY CONTACTS

In an emergency, the parent/guardian will be called first, the Parent/guardian will be called.

By listing a name or names in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

37. Relationship to Student: _____ 38. First & Last Name: _____

39. Primary Phone No. _____ 40. Other Phone No. _____

41. Email Address: _____

42. Relationship to Student: _____ 43. First & Last Name: _____

44. Primary Phone No. _____ 45. Other Phone No. _____

46. Email Address: _____

47. Relationship to Student: _____ 48. First & Last Name: _____

49. Primary Phone No. _____ 50. Other Phone No. _____

51. Email Address: _____

STUDENT MEDICAL INFORMATION

School staff need to know your student has a medical condition for which they may require assistance during the school day. Remember to advise the school of any changes in information.

52. Doctor's Name (Optional) _____ 53. Phone No. (Optional) _____

54. Preferred Hospital _____

County-operated Emergency Medical Services (EMS) makes the final decision for site of best available care when serious illness, accident or other emergency event directs need for transporting to a hospital. If possible the school will advise EMS of your hospital preference.

55. Insurance Carrier (Optional) _____

56. Please check any current medical conditions:

Serious Allergies: _____ Life Threatening: Yes _____ No _____

Asthma ___ Heart Disease ___ Seizure Disorder ___ Diabetes: _____ Type I ___ Type II _____

57. Other special health needs at school: _____

58. Medications to be taken at school (please list and also complete the Authorization for Medical form):

PERMISSIONS/AUTHORIZATIONS

For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the District Parent and Student Handbook.

*Under federal law and school policy, the school may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance and the most recent school attended do not want this information released, please contact our school to submit a written request.

*Student photographs are commonly used in yearbooks, newsletters, websites and other school-related publications. If you do not want your student's photograph used or released for these purposes or for news media, please contact our school to submit a written request.

By signing this form, I agree that all the information is true. If it is determined that the address I have provided is false, I acknowledge that the student could be removed from the school immediately.

Signature of Student: _____ Date _____

Signature of Parent/Responsible Adult: _____ Date _____

Renaissance Academy wishes you and your student a successful academic school year!