



RENAISSANCE ACADEMY

STUDENT REGISTRATION FORM

2024-2025

325 North Santa Anita Avenue Arcadia California 91006.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.

36. **Relationship to Student:** _____ 37. First & Last Name: _____

38. Primary Phone No. _____ 39. Other Phone No. _____

40. Email Address: _____

41. **Relationship to Student:** _____ 42. First & Last Name: _____

43. Primary Phone No. _____ 44. Other Phone No. _____

45. Email Address: _____

46. **Relationship to Student:** _____ 47. First & Last Name: _____

48. Primary Phone No. _____ 49. Other Phone No. _____

50. 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 attend ascend 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!