



International Student regIStration / re-regIStration

Type or print legibly in black ink. This must be filled out completely. _____ New Student _____ Returning Student

Student's Last Name	First	Middle
Country of Birth	Passport Number	Nationality
Place of Issuance: City	Country	State/Province
United States Address	Street	
City	State	Zip Code
Date of Birth (MM/DD/YY)	Sex (M/F)	Grade Level for Enrollment
U.S. Phone Number	Email Address	

Name (Write On The Line Above)

Please circle : Mother / Hostmother / Other: _____

United States Address		
Daytime Phone Number	Evening Phone Number	Cell Phone Number
WeChat	Email Address	

Name (Write On The Line Above)

Please circle: Father / Hostfather / Other: _____

United States Address		
Daytime Phone Number	Evening Phone Number	Cell Phone Number
WeChat	Email Address	

If a student's enrollment is terminated by the school for reasons of infraction(s) of school policies, rules, procedures, practices or standards, the parent or family of the student remains liable for full payment of all tuition, fees, and family contribution/donation. No fees, pledge payments or contributions already paid and received by Renaissance Academy are refundable in the case of student withdrawal, transfer or expulsion. Refunds will only be considered if a student is denied a visa by the U.S. government and if proper official documentation is provided to the school.

Host Parent Signature	Date
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I agree that I will not change my accommodation arrangements without the prior consent of Renaissance Academy. I understand that changing my accommodation arrangements without the prior consent of Renaissance Academy may result in dismissal from the Academy.

Student Signature	Date
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Student & Family Enrollment Commitment

Please read the following statement carefully and sign below to indicate your agreement to the following:

- I/We agree to complete and return all forms and records necessary to comply with school and state regulations.
- All outstanding balances must be kept current. Delinquent tuition will result in student expulsion or withdrawal from school.
- I/We give permission for our child(ren) to participate in all school activities, including sports and school sponsored trips away from the school campus.
- I/We agree to pay the cost of lost or damaged textbooks, library books and other school resource or damages to school property.
- With or without notice, should I/we withdraw my child(ren) from Renaissance Academy, I/we forfeit any tuition and all materials that have been paid.
- If a student's enrollment is terminated by the school for reasons of infraction(s) of school policies, rules, procedures, practices or standards, the parent or family of the student remains liable for full payment of all tuition, fees, and family contribution/donation. No fees, pledge payments or contributions already paid and received by Renaissance Academy are refundable in the case of student withdrawal, transfer or expulsion. Refunds will only be considered if a student is denied a visa by the U.S. government and if proper official documentation is provided to the school.
- I/We understand that the school reserves the right to use disciplinary measures that are deemed necessary, even expulsion, if our child(ren) fails to comply with the school regulations and policies or official requests from the administration and/or whose financial obligation remains unpaid after the deadline for payment.

I/We understand and agree to fulfill all points of the above agreement. I/We also understand that we may be asked to withdraw our child(ren) from school if we fail to fulfill our responsibilities under this agreement.

Student Name	Grade Level	Date
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Father / Guardian Signature	Date
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Mother / Guardian Signature	Date
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Type or print legibly in black ink. This must be filled out completely.

Student's Name: _____ Age: _____ Grade Level: _____

MEDICAL / EMERGENCIES:

Please indicate any allergies, health issues, learning disabilities, psychological issues or chronic/serious medical conditions we need to be aware of. Please write "N/A" if not applicable.

EMERGENCY TREATMENT CONSENT

The undersigned parent(s)/guardian of the above-named student, a minor, do hereby authorize Renaissance Academy, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician or surgeon licensed under the supervision of the Medical Practice Act of the State of California, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given as specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable to protect the life and health of said minor child.

This authorization is given pursuant to provisions of Section 25.3 of the Civil Code of California, and shall remain effective from AUGUST 2025 through AUGUST 2026 unless sooner revoked in writing delivered to said agent(s).

I understand it is my responsibility to inform Renaissance Academy, in writing, of any changes pertaining to this form. If I do NOT inform Renaissance Academy of any changes, in writing, I will hold the school free and harmless from any and all liability as a result of my failure to comply.

SIGNATURE (DO NOT PRINT) of Father / Host Father: _____

Date: _____ Email: _____

Home Telephone Number: _____ Work: _____

SIGNATURE (DO NOT PRINT) of Mother / Host Mother: _____

Date: _____ Email: _____

Home Telephone Number: _____ Work: _____

1st U.S. Emergency Contact Name: _____ Relationship: _____

U.S. Home Telephone Number: _____ Work: _____

2nd U.S. Emergency Contact Name: _____ Relationship: _____

U.S. Home Telephone Number: _____ Work: _____

Medical Information and Request For Medication Form

All information on this form is confidential and will only be used in the case of a medical emergency or natural disaster. Please write "N/A" is not applicable.

Allergies to medication, food, or environment: _____

Current Medications (home and school): _____

Chronic/Serious Medical Conditions: _____

To Be Taken During School Hours For Both Prescription and Over-the-Counter

I request that my child be allowed to take the following medication at school according to the stated instructions and in compliance with school policy as stated in the **School Handbook**. I further understand that is solely the responsibility of my child, and not of Renaissance Academy personnel, to verify that the medication being taken is the correct medication and is being taken properly. Please write "N/A" is not applicable.

Name(s) of medication: _____

Purpose of medication/diagnosis: _____

Prescribed dosage: _____

Time schedule at school: _____

Length of time medication will be necessary: _____

Explain how the medication may have adverse effects: _____

Special instructions/comments: _____

Insurance Company Name: _____

Policy or Group Number: _____

In case of a natural disaster, student may be picked up by:

_____ Relationship: _____

_____ Relationship: _____

_____ Check here if child may walk home unescorted. Signature: _____ Date: _____

I give permission for the school to give my child Tylenol when she/he requests Tylenol: _____ YES _____ NO

I give permission for the school to give my child Advil when she/he requests ibuprofen/Advil: _____ YES _____ NO

I give permission for the school to give my child Benadryl when she/he requests Benadryl: _____ YES _____ NO

Parent / Host Parent Name

Parent / Host Parent Signature

Date

Day Telephone Number

Emergency Telephone Number

Renaissance Academy Assigned Guardian Statement

The following authorization form must be completed by a parent of the applicant/current student. A completed form and a copy of the U.S. guardian's California driver's license/identification card must be attached and on file before the student will be admitted for the term applying. The U.S. address must match information below and will be verified by U.S. Postal Service Address Verification.

Renaissance Academy requires all international students have a designated Los Angeles County guardian over the age of 25 living within 50 miles of Renaissance Academy. In the event of a personal emergency, accident, illness incarceration, the State of California will require a signature of a guardian before offering assistance such as hospitalization or legal counsel. Renaissance Academy is not permitted to act in place of the parent or guardian. This guardianship form must be signed and dated both by the parents and the designated U.S. guardian.

I, _____, the parent of _____, am giving
(Parent's Name: Last, First) (Student's Name: Last, First)

permission to _____ to be the legal guardian of _____
(U.S. Guardian's Name: Last, First) (Student's Name: Last, First)

while he/she is studying at Renaissance Academy. The responsibilities include but are not limited to:

- Ability to communicate in English, by email, phone and/or in person, in a timely manner.
- Serves as the communication liaison between the school and family.
- Can be reached at any time in emergency situations, accident, illness or hospitalization.
- Signing all necessary reports and documents pertaining to the school that require a parent's signature.
- Receiving confidential information regarding the student from the school and communicating this information to the parents and the family of the student.
- Assuming all parent obligations with respect to school issues or concerns with the student.
- Authorizing medical care in emergency situations.
- Age 25 or older and fit to serve as a local guardian.

In case of any emergency, accident, or serious illness, please contact:

Name of U.S. Guardian: _____ Guardian Date of Birth: ____/____/____ Age: _____

Relationship to student (i.e., Aunt, Brother, Sister, Family Friend, Other): _____

Address: _____
House Number Street Apt. #

City: _____ California Postal Code: _____

Home Telephone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Telephone: (_____) _____ - _____ E-mail Address: _____

I understand that Renaissance Academy has no legal responsibility for the care or well being of the minor student wherever he or she chooses to live while in the United States attending Renaissance Academy. I also understand that the school has no relationship with any homestay company and assumes no responsibility for the actions of any host family or homestay company.

Parent Signature

Date: (Month/Day/Year)

A copy of the guardian's California driver's license must accompany this form, the address must match information above otherwise the form will not be accepted. If the guardian cannot abide by this requirement, the student will not be admitted until this requirement is fulfilled for the term applying/enrolled.

U.S. Guardian Signature

Date: (Month/Day/Year)

PERMISSIONS/AUTHORIZAATIONS

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 at the most recent school attended. If you 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.

Parent Signature

Date: (Month/Day/Year)

A copy of the guardian's California driver's license must accompany this form, the address must match information above otherwise the form will not be accepted. If the guardian cannot abide by this requirement, the student will not be admitted until this requirement is fulfilled for the term applying/enrolled.

U.S. Guardian Signature

Date: (Month/Day/Year)