

# Renaissance Academy Charter School

## Student Enrollment Form

**Enrollment Form needed for every student enrolling. Attach to Family Information Form.**

Background information questions are for planning purposes only, so that we can best serve your child and family. The answers will not influence whether your child is able to attend Renaissance Academy Charter School. Please help us get to know your child.

Student Name: \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Nickname/ Name child prefers to be called

For Statistical purposes, check all that apply

Ethnicity:  African-American  Asian  Native American  Caucasian  
 Hispanic/Latinx  Middle Eastern  Multiracial Other- \_\_\_\_\_

Current/Previous School: \_\_\_\_\_ Grade: \_\_\_\_\_ Average Marks: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_

Name of - Primary Teacher: \_\_\_\_\_ Principal: \_\_\_\_\_

Does your child currently have an IEP or a 504 plan? \_\_\_\_\_

Other schools and levels previously attended: \_\_\_\_\_

Please describe your child's previous school experiences: \_\_\_\_\_

Has your child been working at a level appropriate to his/her ability? Please explain: \_\_\_\_\_

If there has been a problem experienced by your child in his/her current school or former schools, briefly describe.

Does your child have an IEP (Individual Education Plan)? Or have you ever attended an IEP determination meeting? If yes, please give details.

Does your child receive support from any special education services, i.e., speech, reading, etc.? If yes, please give details.

Has your child had any previous academic, disciplinary, medical, social, or emotional difficulties? Please elaborate.

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Has your child been recommended for any special services by another school or family physician?

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Has your child taken part in any educational or diagnostic evaluations (educational, auditory processing, language or speech, visual, neurological, psychological)? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what tests were given, who administered them and what were the results?

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If yes, please attach a copy of the report(s) and/or updates (do not include routine physicals).

Please describe your child's general health. \_\_\_\_\_

Does your child have any physical limitations, allergies, medical or other conditions, that would limit her/his participation in the full range of school activities? If so, please describe briefly.

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Is your child currently under a doctor's care for any reason? If so, state the reason.

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Does your child take any medication to control any learning and/or behavioral problems? Describe.

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Please give any additional information about your child that would be helpful to the school.

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**We look forward to working with you in providing the highest quality of education for your child.**

*Renaissance Academy Charter School welcomes students of any race, religion, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Renaissance Academy does not discriminate on the basis of race, religion, color, national or ethnic origin in administration of its educational policies, admissions policies, and athletic and other school administered programs.*