3435 North 1120 East Lehi, UT 84043 ph. 801.768.4202

2017-18 Enrollment Paperwork Checklist
Returning Student Packet

We look forward to working with your student(s) again here at Renaissance Academy. You may bring your paperwork to the school between 7:30 am and 3:30 pm Monday through Friday when the school is in session.

All items listed on this checklist must be completed and turned in before the official start of the 2017-2018 school year.

_____ Family and Emergency Contact Information (1 per Family)

_____ Acceptance of Policy (1 per Family)

_____Acknowledgement of Special Notices (1 per Family)

_____Background Check Form and $20 Fee - ***if last check is more than 3 years old*** (1 per Family)

_____Parent Code of Conduct (1 per Family)

_____Pledge of Funds Form (1 per Family)

_____ Authorization of Student Medication - ***if applicable*** (1 per Student)

_____ Student Network Access and Internet Usage Permission Form (1 per Student)

_____ Student Field Trip Medical and Insurance Permission (1 per Student)

_____ Student Photo Release Form (1 per Student)

_____ Vision Screening Permission Form – ***for 1st – 3rd grade students*** (1 per Student)

_____ Library Permission Form (1 per Student)

Optional Items:
Fee Waiver Applications are available at the front office and must be completed and approved before fees are due each school year.

After-School Activities

Childcare	Homework Helpers	Kids Dance Club
Plays & Musicals	Robotics	Programming
Ballroom Dance	Improv	Summer Camps
Hip Hop	Chess club	(And more...!)

After-School Club/ Homework Helpers

After-School Club/ Homework Helpers is an inexpensive childcare solution!

"I love that they get my daughter's homework done with her and that she gets to be active after her school day."

"The after school staff is easy to reach and follows through with any communication about homework. She gets her homework completed which frees up our evening home time." - Lauralie Delli-Gatti, RA Parent

For more information:

activities@renacademy.org

(801)768-4202 ext 5111

Register in the office or online at:

https://renacademy.org/afterschool-clubs

Princess Camp, Wizard School, Babysitting 101, Science Camp, Chinese Immersion, Sports, Childcare, Tutoring and MORE!

Check our website for options, pricing, and availability. Hurry, they fill up fast!

https://renacademy.org/afterschool-clubs

Renaissance ACADEMY
3435 North 1120 East Lehi, UT 84043 ph. 801.768.4202

Family and Emergency Contact Information

Student's Name(s)

_____

Parent/Guardian Information

First Name	Middle	Last
Street Address		
City	Zip	Legal Guardian YES NO Student lives at this address YES NO
Marital Status	Gender	Email
Home Phone	Work Phone	Cell Phone

First Name	Middle	Last
Street Address		
City	Zip	Legal Guardian YES NO Student lives at this address YES NO
Marital Status	Gender	Email
Home Phone	Work Phone	Cell Phone

May we include your Family Information in a School Directory? YES NO

Renaissance Academy requires a legal guardian or a person authorized by the guardian to sign for your student to be released from school during the day. Only individuals listed below will be allowed to check out this student. Also, occasionally a student may become ill or have an accident while at school. Please include individuals you authorize to pick up your student from school or contacted in case of an emergency.

Name	Street	City, State, ZIP	Phone	Relationship

In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is deemed necessary.

Is there any individual who is prevented from checking out this student? YES NO
If yes, list the individual's name and provide the related court documents. _____

I have read and understand the information on this form. Furthermore, I accept financial responsibility for all accident/illness related costs and I agree to the emergency procedures outlined above.

_____ _____ _____
Print Name Signature Date

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Acceptance of School Policy

By signing below, I acknowledge that enrollment at Renaissance Academy is voluntary and I agree to support the school's mission, vision and goals.

- I attest that I have read or will read and be bound by the Renaissance Academy policies that are found on the school website and understand that all the policies and procedures are subject to change.
- I understand that attendance at Renaissance Academy is voluntary and that if I do not agree with the school's educational philosophy I am free to place my student(s) in my local public school, a private school, home school or another charter school or organize a charter school that more closely aligns with my educational philosophy and goals.
- I understand that failure to follow school policies may result in administrative action, which may include my student(s) being expelled from Renaissance Academy.
- I understand that Renaissance Academy has a goal of 95% attendance for students. I will work to schedule appointments, vacations and lessons outside of school hours. I will bring my student to school on time. I also understand that if my student(s) is absent 10 consecutive school days he/she may be unenrolled from Renaissance Academy according to state guidelines.
- Renaissance Academy is part of the public school system and subject to most of the same laws followed at any public school, including immunization and testing.

Overall, I commit to work in a cooperative manner to promote the school mission, vision and goals.

First and Last Name of Student(s)	
Signature of Parent/Guardian:	Date:

Renaissance ACADEMY
3435 North 1120 East Lehi, UT 84043 ph. 801.768.4202

Acknowledgement of Special Notices

Student's Name(s): _____

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that Renaissance Academy, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However, Renaissance Academy may disclose appropriately designated "directory information" without written consent, unless you have advised Renaissance Academy to the contrary in accordance with Renaissance Academy procedures. The primary purpose of directory information is to allow Renaissance Academy to include this type of information from your child's education records in certain school publications. Examples include:

A playbill, showing your student's role in a drama production;
The annual yearbook;
Honor roll or other recognition lists;
Graduation programs; and
Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local education agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings—unless parents have advised the LEA that they do not want their student' information disclosed without their prior written consent.

If you do not want Renaissance Academy to disclose directory information from your child's education records without your prior written consent, you must notify Renaissance Academy in writing.

Parents and legal guardians also have the right to inspect and review a student's education records within 45 days of the day the school receives a request for access. The parent or legal guardian may also request an amendment of the student's education records that the parent believes are inaccurate.

Accommodations For Students With Disabilities

In compliance with Section 504 of the Rehabilitation Act ("504") and the Americans with Disabilities Act (ADA) Renaissance Academy will provide reasonable accommodations to qualified individuals with disabilities. Students, parents or employees needing accommodations should contact their school ADA/504 coordinator. In compliane with the Equal Educational Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is Renaissance Academy's policy to provide alternative language services to limited English Proficient (LEP) students so that students with language barriers have a meaningful opportunity to participate in Renaissance Academy education programs. Renaissance Academy provides English as a Second Language (ESL) instruction and other effective services to students who are identified as LEP by means of a thorough evaluation process. Parents or Guardians who want to request alternative language services for their child should contact Renaissance Academy.

Equal Educational And Employment Opportunity

It is the policy of Renaissance Academy to provide equal educational and employment opportunity for all individuals. Therefore, Renaissance Academy prohibits all discrimination on the basis of race, color, religion, sex, age, national origin, disability, or veteran's status. This policy extends to all aspects of Renaissance Academy educational programs, as well as to the use of all Renaissance Academy facilities, and participation in all school-sponsored activities.

Civil Rights Grievance Procedure

Complaints of discrimination should be filed with the individual's principal or supervisor and/or with the school compliance officer/EEO Coordinator according to the provisions of the School Civil Rights Grievance Procedure. Copies of which are available at Renaissance Academy. If the complaint is against the principal or supervisor, the complaint may be filed directly with the Compliance Officer/EEO Coordinator. The Compliance Officer/EEO Coordinator, who has been designated to monitor and coordinate Renaissance Academy compliance with Title IX, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and all other applicable State and Federal civil rights laws, may be reached at the Utah State Office of Education.

Complaints of discrimination should be reported as soon as possible, but no later than 90 days after the incident(s), in order to be effectively investigated and resolved.

Parent/Guardian Signature: _____

Date: _____

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Background Check

(Part 1)
Thank you for your willingness to assist the school in various capacities (i.e. classroom rotations, supervision, chaperoning/driving for field trips and after-school activities). It is necessary for each of our volunteers to obtain a background check so that we can consistently maintain a high standard for all those who are working with our students.

Please fill out the form below and submit it to the front office along with a check for $20 written out to Renaissance Academy. The background check is completed electronically. Thank you for your cooperation we look forward to working together to ensure a successful school year.

First Name:	Middle Name:	Last Name:
DOB:	SSN:	Male Female *(circle)*
DR LIC #		Expiration Date:
Formerly used last names:		
First and Last Name of Student(s):		

WAIVER
Qualifying Entity: Renaissance Academy
Address: 3435 N. 1120 E. Lehi, UT 84043

By signing this form, I authorize the Utah Bureau of Criminal Identification (BCI) to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity. Utah BCI shall make reasonable efforts to respond to the inquiry within 15 business days. I do hereby release Utah BCI, all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information. I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

_____ _____
Prospective Employee/Volunteer Signature Date

_____ _____
Qualifying Entity Representative Signature Date

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Background Check

(Part 2)

APPLICATION AND NOTICE PURSUANT TO
THE NATIONAL CHILD PROTECTION ACT OF 1993
AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT

To the Applicant:

The Volunteers for Children Act (VCA) (Public Law 105-251, sections 221 & 222) authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer; (b) by which you are employed or serve as a volunteer; or (c) which provides care to someone to whom you have or may have unsupervised access, may request a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.

2. You are entitled to (a) obtain a copy of any background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. Such request for a copy of your criminal history record and any challenge to the accuracy of such record should be addressed to Utah BCI located at 3888 W 5400 S in Salt Lake City, Utah. Please contact the fingerprint supervisor at (801) 965-4569 to set up an appointment to challenge the accuracy and completeness of the information. Supporting documentation will be kept on file at Utah BCI for 6 months, so challenges must be made within this time period.

3. Prior to completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

I have read and understand the above.	
First and Last Name of Student(s)	
Signature of Parent/Guardian:	Date:

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Parent Code of Conduct

I, the undersigned parent(s)/guardian(s), have voluntarily accepted enrollment for my child(ren) at Renaissance Academy. I have determined that Renaissance Academy is the best educational environment for my child(ren) and that it is concerned with providing the best possible education for every child who attends. I understand that my child(ren) will be most successful when I am an active partner in education.

In order to enhance my child's academic growth, I agree to:

- Assist my child's teacher(s) by participating in a classroom rotation for each of my K-5 children and help with specific needs for teachers of my 6-9 child(ren) and to log 40 volunteer hours per child per year.
- As needed, chaperone on my child(ren)'s field trips.
- Provide transportation for my child to and from school on time and promote safety when at or near the school.
- Ensure my student can reach the goal of 95% attendance. I will work to schedule appointments, vacations and lessons outside of school hours.
- Ensure my child has a healthy lunch and snack each full day of school.
- Ensure my child is dressed appropriately as stipulated by the Dress Code of Renaissance Academy.
- Access my email, the school website, and gradebook system frequently for school communications, at least weekly.
- Provide a suitable time and place at home for my child(ren) to complete homework or other assignments and encourage my child daily to fulfill his or her academic responsibilities.

I recognize that my role in interacting with the school is:

- That I have primary responsibility for the education of my child and thus will carry out the above.
- To follow policies adopted by the Board of Directors and procedures adopted by school administration.
- To attend all school-wide parent meetings and conferences scheduled with my student's teacher(s) or administration.
- To comply with the background check policy.
- To serve on one classroom or a school-wide committee.
- To be responsible for timely payment of any fees owed to Renaissance Academy, or for applying for any waivers of such fees as allowed by law.
- To consider a monthly donation and turn it into the front office by the 15th of each month.
- To communicate appropriately with all Renaissance Academy stakeholder groups by using positive communication, courtesy and respect. I will specifically take any concerns I have directly to the person most able to successfully address those concerns and not to others who cannot address the concern and utilize the grievance policy as needed.

I understand that my behavior as a parent has a direct impact on my child's success in school. I understand that violation of school policy regarding appropriate behavior from parents may result in the school taking action against me as permitted by law, including the revocation of my privilege to enter the school grounds and/or participate in school activities. YES NO *(circle)*	
First and Last Name of Student(s)	
Signature of Parent/Guardian:	Date:

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Pledge of Funds

Charter Schools receive less funding than traditional public schools. In addition, Utah ranks 50th in the nation for per student funding. At Renaissance Academy we are continually seeking out corporate and private funding to support our various programs. We will also participate in fundraising programs and events.

In an effort to reduce the amount of fundraising programs and events, we are requesting that each family consider a voluntary monthly donation to Renaissance Academy. With good participation, the pledge system covers costs of field trips, mini courses, science, art, math, language and classroom supplies. Each school year a proposed budget, dependent on these pledges, is submitted for approval. Without the pledge system, funds will either need to be cut in some area or require additional fundraising.

To meet our budget objectives, we suggest that each family pledge at least $20 per month per child for the nine month school year. Monthly pledges should be received by the 15th of each month.

Please fill out the pledge form below as realistically as possible. We understand that even the suggested donation of $20 per month per child may be a hardship for some families. Please note that we need this form filled in even if the amount pledged is $0. If you would like to take your donations as a tax credit, please consult your own tax advisor or accountant. If you have other questions, please contact the front office.

Also, you may make in-kind donations below.

Amount pledged per month: _____
(required field - enter any amount including $0)

In Kind Donation:

_____

_____

I have read and understand the above.	
First and Last Name of Student(s)	
Signature of Parent/Guardian:	Date:

Renaissance Academy
Authorization of School Personnel
to Administer Medications
2017-18 School Year

Name of Student:_____ DOB:_____

Parent/Guardian:_____ Cell Phone:_____

Work Phone:_____ Home Phone: _____

Emergency Contact:_____ Phone:_____

Name of licensed health care provider completing form: (*Please Print*)

_____

Licensed Health Care Provider's Statement:

1. Name/type of medication:_____

2. Dosage/amount to be given:_____

3. Frequency/times to be administered:_____

4. Duration (week, month, indefinite, etc.):_____

5. Anticipated reactions to medication (symptoms, side effects for underdose/overdose, etc.)

_____

_____

_____ _____
Signature of Licensed Health Care Provider Date

Parent/Guardian Request/Approval
I hereby request and give my permission for the above named student to receive the specified medication as stated in the above instruction from the health care provider. I understand that the school administration will designate specific staff to administer medication, train staff, assure proper identification and safe-keeping of medication, and maintain records of such administration of medication.

I further understand that school personnel who provide assistance (administration of specified medication so noted) or employer of such staff are not liable, civilly or criminally, for any adverse reaction suffered by my child as a result of taking the medication so indicated and discontinuing the administration of the medication in keeping with the procedure outlined above.

I will personally deliver medication to the school and understand that a one-week supply is recommended.

_____ _____
Signature of Parent/Guardian Date

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Student Network Access and Internet Usage Permission Form

Student Internet Policy

Philosophy

The Internet can be a valuable tool in achieving academic goals. Along with the opportunity to use the Internet at school comes the responsibility to use it appropriately.

Standards

Students in Grades 5 - 9 may have access to the Internet under the following conditions:

1. Students have on file the Renaissance Academy Acceptable Use Policy signed by both the student and a parent.
2. The student has completed a review of the Acceptable Use Policy as conducted by a staff member.
3. The student uses the Internet to search for information related to a classroom unit only (NO web surfing). Students may search for information related to a special topic only if granted permission by a staff member.
4. The student is under supervision by a staff member who can periodically monitor the student's progress.

Students in Grades K-4 are NOT permitted to access the Internet for any reason, unless as a guided activity with a staff member. Students who use the Internet inappropriately will have their Internet privileges permanently rescinded. Students are not permitted to access the Internet for any reason after school hours. As a K-9 school, we use a filtering system that filters out websites related to pornography, obscene and tasteless material, alcohol, gambling, anarchy, chat rooms, criminal skills, drugs, personal ads, R-rated material, and web-based newsgroups. Although no filter will block all of the sites on the Internet that might be offensive, having a filter can help. All student-used Renaissance Academy computers will have an Internet access filter.

I give permission for my son/daughter to use school computers and internet according to the terms of the applicable policy. I understand that misuse may result in suspension, revocation of computer privileges and/or disciplinary action.

I have discussed the above with my student and give my permission.
In addition, my student agrees to adhere to the above. YES NO *(circle)*

First and Last Name of
Student: _____

Signature of
Student: _____ Date: _____
Signature of
Parent/Guardian: _____ Date: _____

Student Field Trip
Medical and Insurance Form

Student Name: _____ Grade _____

Parent Name: _____ Home phone: _____

Cell phone: _____ May we text you? YES NO

Please note: ***A suggested donation of approximately $40 for each K-6th grade student will cover field trips for the year***. For students in 7th through 9th grade, field trip fees are included in Middle School Fees. You will receive notification and be requested to sign permission slips for specific field trip dates, times and destinations. This form will be taken on each field trip.

In case of emergency, you have my permission to give medical personnel the following information concerning the above-mentioned student.

List health concerns, allergies to medications, and other pertinent information:

_____

_____

_____

Insurance carrier: _____

Policy number: _____

Policy holder: _____

In case we are unable to contact you, please provide 2 emergency contacts who we may contact.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I understand by signing this form I am accepting responsibility for facilitating my child's attendance to the scheduled field trips for Renaissance Academy.

Signature: _____ Date: _____

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Student Photo Release Form

Student Name: _____ 2017-2018 Grade:_____

I hereby consent that Renaissance Academy may use photographs, audio or video footage, or other images of my child and/or his or her artistic works, for purposes of educational and promotional activities, competitions, newsletters and other Renaissance Academy publications or purposes.

I acknowledge that Renaissance Academy is not obligated to use such images in the activities set forth above, and that there is to be no payment made for such use, if it does occur. Renaissance Academy will not identify my child by name in any promotional activity. Failure to return this form will result in a default Approval status.

Thank you for your support of our school.

Approve:_____ Decline:_____

Parent/Guardian Signature _____

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3435 North 1120 East Lehi, UT 84043 ph. 801.768.4202

Vision Screening Permission Form

Vision screenings to screen your child for visual problems such as Amblyopia (lazy eye) will be conducted throughout their school years and is required by Utah State Law for their school to perform for all preschoolers and kindergarteners in their school.

Many pediatricians and Head Starts provide this proof as they conduct vision screenings at their locations and during medical physicals. It is each child's parent or guardian's responsibility to comply with the law to provide this proof of a vision screening. This proof is needed along with their immunizations records.

Please be sure your child brings their eye glasses on the day of the vision screening at their school if they wear glasses. Children's eyes can change in as short of time as 6 months and there may be a need to see their eye doctor for a possible change in the prescription.

If children cannot see the blackboard, they cannot learn.

Children often do not complain of poor vision whereas they may have seen everything in the same manner for years and are not aware the world doesn't look they way they see it. Amblyopia is a common but not always obvious eye defect which must be identified before the age of seven for the most effective treatment. If not treated early, permanent visual loss may occur. It is often correctable, if treated promptly. The current Utah Statutory Codes are 53A-11-201 and 53A-11-203.

I give permission _____ I do not give permission _____ for my child to receive a vision screening consistent with the requirements of Utah Law. I understand that the results of the vision screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and health care professionals working with the schools to provide appropriate follow-up services for my child.	
First and Last Name of Student:	
Signature of Parent/Guardian:	Date:

Renaissance Academy - Gutenberg Library Permission Slip

Dear Parents/Guardians:

Students at Renaissance Academy have a scheduled time to come to the library each week. Students may visit the library on their own at other times throughout the school day and year.

The library is open from 7:30 am– 3:30 pm all school days, except during Dibels Testing and Scholastic Book Fairs. (Closed during lunch)

Kindergarten students do not individually check out books; however, they select books that are checked out to the classroom.

1st grade students may check out one book at a time.
2nd through 6th grade students may check out two books at a time.
Middle School students (7th-9th grades) may check out up to three books.

We would appreciate it if you would discuss the care of library books and help find a safe and special place at home where library books can be placed.

First grade students are encouraged to return books on time, but are not assessed late fees.
Late fees for 2nd grade through 6th grade is 10 cents per school day.
Late fees for Middle School students (7th-9th grades) is now 25 cents per school day.

Students with overdue books or late fees over $1.00 will not be allowed to check out new materials until the situation is resolved. Late notices are sent automatically through the Alexandria Library System. Notices will also be given to the classroom teacher on a regular basis.

Due to the rising cost of books, you are fully responsible for any lost or damaged books/library materials. A bill will be issued for the amount of the damage or the replacement cost of the book/material.

This form will remain on file while your student is at Renaissance Academy. If your preferences change please contact the library.

Please check only one choice, sign and return this page to the school.
You may electronically sign this form and return it to the school.

Your child will not be able to check out any books without a signed permission slip.

PLEASE MARK *ONE* BOX, SIGN, and RETURN

- ☐ Yes! My child has permission to check out ***library books.***
- ☐ No! My child **does not have permission** to check out library materials. Grade:_____

Student (print)_____Date:_____

Parent/Guardian Name (print)_____

Parent/Guardian Signature_____

Email_____