



American Renaissance School

"A Dolontown Community School"

Enrollment Packet 2019-2020

Student Name (First, Middle, & Last): _____

Home Address: _____

Mailing Address (if different): _____

Student Resides with:

- Mother & Father
- Father Only
- Father & Stepmother
- Mother Only
- Mother & Stepfather
- Other: _____

Date of Birth: ____ / ____ / 20____ Gender (circle): M F

Grade Level (circle): K 1 2 3 4 5 6 7 8

Home Phone: _____

Assigned School District: _____

Student Race: (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White

Father's Name (First & Last)

Mother's Name (First & Last)

Father's Address (if different)

Mother's Address (if different)

Father Home Phone (if different)

Mother Home Phone (if different)

Father Cell Phone

Mother Cell Phone

Father Email

Mother Email

Father Employer & Work Phone

Mother Employer & Work Phone

Authorized to Pick Up? (circle) YES NO

Authorized to Pick Up? (circle) YES NO

Additional Contact Information

Student Name (First, Middle, & Last): _____

In the event of an emergency, the parental contact information on the previous page will be used first. The space below should be used for additional contacts.

Contact #1

Contact 1 Name (First & Last)

Contact 1 Address

Contact 1 Home Phone

Contact 1 Cell Phone

Contact 1 Email

Contact 1 Employer & Work Phone

Contact 1 Relationship to Student

Authorized to Pick Up? (circle) YES NO

Contact #3

Contact 3 Name (First & Last)

Contact 3 Address

Contact 3 Home Phone

Contact 3 Cell Phone

Contact 3 Email

Contact 3 Employer & Work Phone

Contact 3 Relationship to Student

Authorized to Pick Up? (circle) YES NO

Contact #2

Contact 2 Name (First & Last)

Contact 2 Address

Contact 2 Home Phone

Contact 2 Cell Phone

Contact 2 Email

Contact 2 Employer & Work Phone

Contact 2 Relationship to Student

Authorized to Pick Up? (circle) YES NO

Contact #4

Contact 4 Name (First & Last)

Contact 4 Address

Contact 4 Home Phone

Contact 4 Cell Phone

Contact 4 Email

Contact 4 Employer & Work Phone

Contact 4 Relationship to Student

Authorized to Pick Up? (circle) YES NO

Medical Information

Student Name (First, Middle, & Last): _____

Hospital Preference: _____

Physician: _____

Phone Number: _____

Insurance Company: _____

Policy Number: _____

Allergies / Special Health Considerations: _____

I authorize all emergency transportation, medical and surgical treatment, X-ray, laboratory, anesthesia, and/or other medical or hospital procedures as may be performed or prescribed by the attending physician and/or paramedic for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent / Guardian Signature

____ / ____ / 20____

Date

Emergency Bee Sting Information

_____ My student has never been stung by a bee.

_____ My student has been stung by a bee with little or no reaction (describe). _____

_____ My student has been stung by a bee with serious reaction (describe). _____

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Educational History

Student Name (First, Middle, & Last): _____

List other schools your child has attended, starting with the most recent:

School 1 Name

School 2 Name

Grade Level(s)

Grade Level(s)

Address

Address

School 3 Name

School 4 Name

Grade Level(s)

Grade Level(s)

Address

Address

Student's extracurricular interests, abilities, and achievements: _____

Is the student currently served by an IEP or 504 Plan? _____

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American Renaissance School
Consent of Parents to Release Student Records

I hereby request release of all academic records, including achievement tests, health records, and any other school documents to American Renaissance School for the following student:

School Name: _____

School Address: _____

School Phone: _____

School Fax: _____

Student Name (First, Middle, & Last): _____

Grade (most recently completed @ above school): _____

Parent Signature: _____

Date: ____ / ____ / 20 ____

Please send all academic records and related school documents by mail, fax, or email to:

Grades K-5:

American Renaissance School
132 E. Broad St.
Statesville, NC 28677
Fax: 704-873-1398
Email: durhams@arsnc.org

Grades 6-8:

American Renaissance School
217 S. Center St.
Statesville, NC 28677
Fax: 704-878-9350
Email: waugh@arsnc.org

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American Renaissance School Home Language Survey

Student Information

Student Name (First, Middle, & Last): _____

Country of Birth: _____

Date first enrolled in **any** U.S. school (Private or Public; not Pre-K): _____

Did the student leave the U.S. for any school year after the above date? _____

Current School: _____

School Enrollment Date: _____

Current Grade: _____

Questions for Parents / Guardians

What is the first language the student learned to speak? _____

What language does the student speak most often? _____

What language is most often spoken in the home? _____

FOR OFFICE USE ONLY:

Person Reviewing this Survey: _____

Determination:
Student's home language: _____

If the language is other than English, the English language proficiency test should be administered.

Administer the English language proficiency test? (circle) YES NO

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American Renaissance School Photo & Video Release Form

I grant American Renaissance Middle School, Inc., d/b/a American Renaissance School, the unlimited right to use and/or reproduce photographs*, likenesses, or the voice of my child in any legal manner and for the internal or external promotional and informational activities of American Renaissance School. I also agree to allow my child to be interviewed and/or photographed* by representatives of the external news media and American Renaissance School in relation to any and all coverage of ARS. I also allow my child's work and/or photograph* to be published on the ARS website/Intranet web pages and in ARS publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s) including print, electronic, and online media.

Student Name (First, Middle, & Last): _____

Parent / Guardian Signature: _____

Date: ____ / ____ / 20____

Parent / Guardian Name (print): _____

Parent / Guardian Address: _____

**"Photograph" in this Release Form is intended only to refer to photos and videos of your child alone. Group photographs and videos (two or more children), with no additional identifying information, are considered Directory Information, which may be released at the school's discretion per FERPA guidelines.*

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American Renaissance School Military Connected Students

In an effort to ensure that the unique needs of military-connected students are met, Session Law 2014-15 requires the North Carolina State Board of Education/North Carolina Department of Public Instruction to collect information on military-connected students. The goal is to help accommodate these students by providing them with support and consistency when their parents are deployed, when they are transitioning between schools, and at other pivotal times during their academic career.

This mandatory collection started in the 2015-16 school year. The Session Law 2014-15 that describes this requirement can be accessed at: <http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf>.

To ensure compliance with Session Law 2014-15, please complete the following information:

Is an immediate family member of your child connected to the U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran, or a Federal Civil Service Employee?

“Immediate family member” is defined as a parent, step-parent, sibling, guardian, or any other person that would normally live in the same household as the child.

_____ Yes _____ No

If Yes, please complete the informant information for each family member below.

Example and Options:

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade</i>	<i>Military Installation</i>
Father	Army	Active Duty	E-4	Fort Bragg

Branches: Air Force, Army, Coast Guard, Marine Corps, Navy

Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service

Installation: The facility where the service member fulfills their duty role in the military.

(ex., Fort Bragg, NG Raleigh Armory, Knightdale Reserve Center, etc.)

Grade: Enlisted (E-1 through E-9), Officer (O-1 through O-10), Warrant Officer (W-1 through W-5)

Student Name (First, Middle, & Last): _____

<i>Relationship</i>	<i>Branch</i>	<i>Status</i>	<i>Grade</i>	<i>Military Installation</i>

Attach additional pages as necessary.

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American Renaissance School Permission for Local Walking Field Trips

As a Downtown Community School, ARS teachers and staff members often take students off-campus in the Historic Downtown Statesville district. Destinations may include city parks, the Iredell County Public Library, shops and businesses in downtown, and ARS Campuses on E. Broad St., S. Center St., and Tradd St.

By signing below, you authorize ARS teachers and/or staff members to accompany your child to the destinations described above for the duration of your student's enrollment at ARS. Any trip involving vehicle transportation or destinations outside the Historic Downtown Statesville district will require specific and additional permission forms.

Student Name (First, Middle, & Last): _____

Parent Name (print): _____

Parent Signature: _____

Date: ____ / ____ / 20____