

Learner Application 2019- 2020

Please type or print neatly:

Learner's Information:

Last Name: _____ First Name: _____ MI: _____

Gender: _____ Age: _____ Birth Date: _____ Grade: _____

Ethnicity (Optional): Circle One: African/American Asian/Pacific Caucasian Hispanic Indian Other

Learner Email: _____

Phone #: _____ Alternative Phone #: _____

Current School of Attendance: _____

Parent/Guardian Information:

Name of Parent/Guardian (Legal): _____

Email Address of Parent/Guardian: _____

Phone #: Primary _____ Cell _____ Work _____

Primary _____ Cell _____ Work _____

Mailing Address: _____

Other Information:

Does the learner applicant currently receive any of the following (check all the apply) ?

Free/reduced lunch _____

Services as part of a specialized program:

English _____ Special Education _____ Exceptional Learner _____ 504 Services _____ Other _____

Our signatures below indicate that information about Renaissance Academy educational model was made available to us; we have read and understand the Admissions Guidelines, and we are committing to attend Renaissance Academy for at least one year.

Parent/Guardian Signature _____ Date: _____

Learner's Signature _____ Date: _____

Office Use Only: Applicant #: _____ Received by: _____ Date Received _____