

**TRCS-PTA Membership/Contribution Form
2018-2019 School Year**

what is trcs parent-teacher association (trcs-pta)?

TRCS is strongly committed to parental involvement in all aspects of school governance. The primary goal of the PTA is to foster communication and collaboration between the parents and families of our children and the teachers and staff of TRCS. The PTA strives to broaden parent's understanding of our school structure and curriculum development. The PTA is active with several committees including Fund-Raising and After-School. In addition, parents are included in various school-wide committees including Hiring, Nutrition, Safety and Admissions. Parents were also active in the original charter school application and in the ongoing renewal process.

what does the pta do?

The PTA serves as your voice as well as an information resource. It also supports programs for every student cluster, such as: funding the 2nd grade library; funding a non-fiction library for K-5 (to help meet the Common Core curriculum); supporting the sports program and arts program; helping to fund Teacher's Choice which allows teachers from PK-12 to purchase necessary classroom supplies. The PTA funds have helped to support the Middle School Stepping Up Ceremony, Senior gifts, Peace Patrol, year-end trips to Nature's Classroom and the MS year-end trip. It has also gone to support the Angel Fund, started by staff and faculty, as a resource for students, whose families are facing financial hardship, to be able to participate in school activities.

2018-2019 fundraising goal!

The fundraising goal for the upcoming school year is \$15,000. Help support ALL of our children and the school by sending in your PTA membership dues TODAY. Your annual membership/contribution to the PTA demonstrates your commitment to our children and the school and allows us to continue to provide necessary funding for programs and initiatives, which would not be possible without the financial support of the PTA. Your participation is important to the future of our children and our school. We greatly appreciate your support. Please send your gift today!

1 Please print the following:

Last Name of Parent or Guardian	First Name	Middle Initial
Street Address	City	State
Telephone (Daytime)	Telephone (Evening)	E-mail Address (Used to contact you for school updates and news)
Name and Grade of Child/Children attending TRCS		

2 Please contact me – I may be available for the following activities*:

1. _____ 2. _____ 3. _____

**Involvement is needed/appreciated in many different areas, including: Fund-Raising, Nutrition Committee, Afterschool Committee, Arts and more.*

3 Check annual membership dues/contribution level:

Family (With one child at TRCS) \$25 Family (With two or more children at TRCS) \$30 Other \$ _____

4 Make your check payable to "TRCS-PTA" and return this completed form with payment to the main office.

what if i have questions?

If you have any questions, please contact: TRCS PTA

do you have suggestions or comments? _____

Welcome to all new and returning TRCS Families!

This is a very important message from the Renaissance PTA. THE PTA AND ALL OF OUR CHILDREN NEED YOU NOW!!!

One of the things that makes The Renaissance Charter School special is that it is not just a school. It is a community where children receive the individualized care that they need. Each child is looked at as an individual. Every year thousands of families apply for the few seats that are available. Those of us who are fortunate enough to become part of this community are excited to have our children attend TRCS.

As with any community, all of its citizens need to play their part to make it a success. The students, faculty and administrators work hard to be the best that they can be to make sure that our children succeed not only academically but also socially and emotionally. The one weak link in the community is parent involvement. Maybe we are too tired after a long day of work. Maybe our kids are older so we don't feel like we need to be involved. Maybe we don't think that we need to do anything because someone else will do it. Whatever the reason, our kids need us (all of us from Pre-K through 12th grade) to get involved.

The TRCS PTA is not only a fundraising organization. We are the voice of all the parents. We act as the liaison between families and school management. We listen to your ideas and concerns and bring them to school management. We help subsidize school activities. **The following are only some of the things that our fundraising efforts have accomplished:**

- Donating to Teachers Choice (\$2,000) to help teachers purchase necessary classroom supplies
- Donating to the Angel Fund which helps pay for students to participate in trips and other activities who would have otherwise not been able to do so financially
- Help to pay for year-end trips to Nature's Classroom (Grades 3, 4, 5 and 6) and the MS trip.
- Help purchase a Curriculum for the 3D Printer
- Help purchase a Document Camera for the Math Department
- Hosting the Stepping Up Ceremony for the middle school
- Provide a Staff Appreciation Luncheon
- Helping with funding for Sports Programs
- AND SO MUCH MORE.

Every member of the PTA Executive Board works hard to raise the funds needed for all of our children, push for change when necessary and keep you updated on what is happening at the school. Most of us have a full-time job so we understand the challenges of finding the time to attend meetings and volunteer. We need you to volunteer your time and make an effort to make things better for our children. **WE CANNOT DO IT ALONE!**

We have set a fundraising goal of \$15,000 for this year. If every family sent in their PTA dues (\$25 for one child and \$30 for more than one child), we will be half (1/2) way there. We also need volunteers for all of our events. We know that not everyone can attend every event but we are asking every family to step-up and pay your PTA dues and volunteer for at least one event during the school year. Without your support, we may be in danger of having to disband the PTA. This would mean a loss of thousands of dollars a year to the school. Families would have to foot the bill for all of the trips, the stepping up ceremony, senior gifts, more supplies. There would be no more picture days, no more book fairs, no more pasta nights, no more holiday parties, staff appreciation, and no more parent voice.

WE CHALLENGE EVERY FAMILY TO GET INVOLVED. COMPLETE THE ATTACHED PTA MEMBERSHIP FORM AND SEND IN YOUR PTA DUES AND VOLUNTEER FOR AN EVENT. SHOW OUR CHILDREN THAT YOU CARE.

Medical History Questionnaire

medical history questionnaire *(please print clearly)*

Student's Name _____

Grade _____

Date of Birth _____

history

Has your child had any of the following?

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Multiple Ear Infections | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Multiple Colds/Sore Throats | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> German Measles (Rubella) | <input type="checkbox"/> Seizures/Convulsions | |

Has your child ever been hospitalized?

- Yes No If yes, please explain: _____

current information

Does your child take any medication?

- Yes No If yes, please list all medications: _____

Does your child have any of the following conditions (Please check all that apply)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Urinary Problems | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Allergies (Please list): _____ | | |

Does your child have any physical limitations?

- Yes No If yes, please explain: _____

Does your child (Please check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Wear Glasses or Corrective Lenses | <input type="checkbox"/> Wear Hearing Aid(s) | <input type="checkbox"/> Use a Cane, Crutch or Wheelchair |
| <input type="checkbox"/> Use an Inhaler and/or Nebulizer | | |

Does your child have any conditions that the nurse should know about?

- Yes No If yes, please explain: _____

Parent or Guardian's Name (Please print) _____

Parent or Guardian's Signature _____

Date _____

please note

Return completed form to the main office.

**Request for Bus Transportation
2018-2019 School Year**

request for bus transportation

Yes, I am interested in having my child/children ride the bus.

Student's Name	Grade	Date to Begin Riding the Bus	
Student's Name	Grade	Date to Begin Riding the Bus	
Student's Name	Grade	Date to Begin Riding the Bus	
Street Address	City	State	Zip

We request bus transportation (Please check one): To and from school To school only From school only

Please Note: If your child/children will not ride the bus from the first day of school, please specify the date they will begin. Failure to notify us may result in your stop being canceled. The school does not expect to have the bus routes until the last week in August. Eligibility determination for yellow bus service or MetroCards is made by the Office of Pupil Transportation, NYC Department of Education, not by TRCS.

authorization

Parent or Guardian's Name (Please print)	Parent or Guardian's Signature	Date
--	--------------------------------	------

please note

Return completed form to Pat Poljanic in the main office.



**McKinney-Vento Act 42 U.S.C. 11435 Questionnaire
2018-2019 School Year**

The answers to this residency information help determine the services the student may be eligible to receive.

background information

Student Information

Last Name		First Name		Middle Initial	
N.Y. ID # (for office use only)		Sex	Birth Date (Month/Day/Year)		Age
Grade					

Parent/Legal Guardian

Last Name		First Name			
Street Address			City		State
Zip		Telephone (Home)		Telephone (Work)	Cell Phone
E-mail Address					

current information

Is your current address a temporary living arrangement?

Yes No

Is this temporary living arrangement due to loss of housing or economic hardship?

Yes No

If you answered NO to the above questions, you may stop here. If you answered YES, please complete the remainder of this form. All responses will be kept strictly confidential.

Where is the student presently living? (Please check only one box):

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

authorization

Presenting a false record or falsifying records is an offense under Section 37.0, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Parent or Guardian's Name (Please print)	Parent or Guardian's Signature	Date
--	--------------------------------	------



The Renaissance

35-59 81st Street, Jackson Heights, NY 11372
www.renaissancecharter.org • 718-803-0060 • 718-803-3785 (fax) Charter School

****NEW THIS YEAR****

SchoolMessenger® Text Messaging Service

Parents and Guardians, this year you will be able take advantage of the text messaging service provided by SchoolMessenger®, for important school announcements about events, school closings, safety alerts and more.

You can participate in this service for text messages delivered straight to your cell-phone by:

1. Providing us with the cell-phone number(s) to receive the school-delivered texts:
2. Sending a text message of "Y" or "Yes" to a short-code that will be provided to you later.

You can also opt out of these messages at any time by simply replying to one of our messages with "Stop".

The first step is to make sure we have the correct cell-phone number on file. Please fill in the form below and return to the main office as soon as possible.

YES, I want to receive short text messages from The Renaissance Charter School. Please deliver them to this phone number:

_____ Cell Phone V

PRINT STUDENT(s) NAME(s)

PRINT STUDENT(s) GRADE(s)

PRINT PARENT/GUARDIAN NAME

SIGNATURE



**** NUEVO ESTE AÑO ****

Servicio de mensajería de texto de SchoolMessenger®

Los padres y tutores, este año será capaz de aprovechar el servicio proporcionado por SchoolMessenger®, para escolares importantes anuncios acerca de eventos, cierres de escuela, alertas de seguridad y mensajería.

Usted puede participar en este servicio para mensajes de texto entregados directamente a su teléfono celular por:

1. con los números de teléfono celular para recibir los textos entregados por la escuela:
2. enviando un mensaje de texto de "Y" o "YES" a un código corto que dará a usted más tarde.

También puede optar por estos mensajes en cualquier momento simplemente respondiendo a uno de nuestros mensajes con "Stop".

El primer paso es asegurarse de que tenemos el número correcto de teléfono celular de archivo. Por favor, rellene el siguiente formulario y volver a la oficina central tan pronto como sea posible.

“Sí, deseo recibir mensajes de texto corto de Renaissance Charter School. Por favor entregar a este número de teléfono”:

_____ Teléfono celular

ESTUDEIANTE(S) NOMBRE(S) (Imprimir)

GRADO DE ESTUDIANTE(S) (Imprimir)

NOMBRE DEL PADRE / TUTOR (Imprimir)

FIRMA

Grades 7-12

emergency contact *(please print clearly)*

These permissions will remain in place from year to year unless and until we receive a new form. Please notify the office when any of the aforementioned information has changed. THANK YOU! Return completed form to the main office.

Please note that TRCS will provide your e-mail address and phone number to the PTA so that you may be contacted about PTA and school activities.

Student Information (Please attach a recent photograph — optional)

Attach
Picture
Here

Last Name	First Name	Middle Initial	Class	Grade
Street Address	Apt. #	City	State	Zip

Do you have a sibling or relative at TRCS (Please give name and grade)? _____

Parent/Guardian

Last Name	First Name
Relationship	
Telephone (Home)	Telephone (Work)
Cell Phone	E-mail Address

Is English your primary language? Yes No

If not, please specify primary language: _____

If this information has changed since last year, please check here.

Si esta informacion es diferente a la del ano pasado, por favor marque esta caja.

Doctor

Last Name	First Name
Address	
Telephone	

Additional Parent/Guardian

Last Name	First Name
Relationship	
Telephone (Home)	Telephone (Work)
Cell Phone	E-mail Address

Is English your primary language? Yes No

If not, please specify primary language: _____

Emergency Contact Person

Last Name	First Name
Relationship	
Telephone (Home)	Telephone (Work)
Cell Phone	

consent for walking trip (grades 7-12)

Please check ONE of the following:

- I DO give permission for my child to take neighborhood walking trips for educational purposes (including walks to local park areas for physical education activities) during the school year.
- I DO NOT give permission for my child to take walking trips in the neighborhood during the school year.

transportation (grades 7-12)

How does your child travel to school?

Walk Subway Car Other Bus (public) Bus (school) Bus (private), specify company name: _____

over

consent to photograph/video a student for a non-profit purpose (grades 7-12)

The Renaissance Charter School, and publications given permission by the school's administration, may use interviews, quotes and photographs/videos of my child for non-profit purposes. I also grant said persons or publications the right to edit, use and reuse said products and hereby release The Renaissance Charter School and its agents and employees from all claims, demands, liabilities whatsoever in connection with the above.

Please check ONE of the following:

- I DO give my consent to photograph my child for a non-profit purpose.
- I DO NOT give my consent to photograph my child for a non-profit purpose.

parental permission for outdoor lunch privileges (grades 7-12)

Students with parental permission and who have satisfactory conduct in school and behave in an exemplary manner and return to school promptly, have the option to go outside the school during lunch. Lunch privileges are subject to being withdrawn if the student does not demonstrate satisfactory conduct in or around the school.

Please check ONE of the following:

- I DO give my consent for my child to eat lunch in the local neighborhood through the school year.
- I DO NOT give my consent for my child to eat lunch in the local neighborhood through the school year.

consent to release student's contact information (grades 9-12)

Federal law requires schools to provide names, addresses and telephone numbers of high school students to institutions of higher education and military recruiters that request this information. While we are committed to protecting the confidentiality of our students, we must comply with law. Therefore, unless you notify us in writing that you do not consent to the release of your child's information, we must disclose it.

Please check ONE of the following:

- I DO NOT consent to release of my child's information to institutions of higher education and military recruiters.
- I DO NOT consent to release of my child's information to institutions of higher education.
- I DO NOT consent to release of my child's information to military recruiters.

consent to release student's transcript and grade reports (grades 9-12)

Please check ONE of the following:

- I DO give my consent for transcripts and various grade reports to be released to institutions of higher learning, community service agencies and other school programs and scholarship agencies upon request.
- I DO NOT give my consent for transcripts and various grade reports to be released to institutions of higher learning, community service agencies and other school programs and scholarship agencies upon request.

authorization

I/We hereby certify that the above information is accurate. I/We hereby give TRCS permission to contact the physician named above, to provide emergency care at the school and to transport to the nearest hospital for care if indicated.

Parent or Guardian's Name (Please print)

Parent or Guardian's Signature

Date

national student clearinghouse opt-out

The National Student Clearinghouse (the "NSC") is a non-profit organization that will provide college enrollment and graduation information to TRCS. This information will help us understand and improve students' college readiness and success, and will be used by TRCS for research purposes. TRCS designates student names, grade levels and dates of birth of students entering 9th grade, together with TRCS students for the years 2003-2011, as directory information for the limited purpose of disclosing this information to the NSC. The NSC, in turn, will give Renaissance information on our former students who enrolled in a higher educational institution. This information includes where the student entered college, the state where the college is located, dates enrolled, graduation date (if applicable) and degree earned (if applicable).

Please complete and sign below if you wish to opt out of release of information to the NSC. If you do not wish to opt out, please leave this blank.

- I am the student listed above, and am age 18 or over. I do NOT want my name, grade level and date of birth released to the NSC.
- I am the parent or guardian of the student listed above, who is under age 18. I do NOT want my child's name, grade level and date of birth released to the NSC.

Parent or Guardian's Name (Please print)

Parent or Guardian's Signature

Date

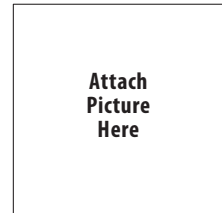
Grades PK-6

emergency contact *(please print clearly)*

These permissions will remain in place from year to year unless and until we receive a new form. Please notify the office when any of the aforementioned information has changed. THANK YOU! Return completed form to the main office.

Please note that TRCS will provide your e-mail address and phone number to the PTA so that you may be contacted about PTA and school activities.

Student Information (please attach a recent photograph — optional)



Last Name	First Name	Middle Initial	Class	Grade
Street Address		Apt. #	City	State Zip

Do you have a sibling or relative at TRCS (Please give name and grade)? _____

Parent/Guardian

Last Name	First Name
Relationship	
Telephone (Home)	Telephone (Work)
Cell Phone	E-mail Address

Is English your primary language? Yes No

If not, please specify primary language: _____

If this information has changed since last year, please check here.
Si esta informacion es diferente a la del ano pasado, por favor marque esta caja.

Additional Parent/Guardian

Last Name	First Name
Relationship	
Telephone (Home)	Telephone (Work)
Cell Phone	E-mail Address

Is English your primary language? Yes No

If not, please specify primary language: _____

Doctor

Last Name	First Name
Address	
Telephone	

Emergency Contact Person

Last Name	First Name
Relationship	
Telephone (Home)	Telephone (Work)
Cell Phone	

consent for walking trip

Please check ONE of the following:

- I DO give permission for my child to take neighborhood walking trips for educational purposes (including walks to local park areas for physical education activities) during the school year.
- I DO NOT give permission for my child to take walking trips in the neighborhood during the school year.

transportation

How does your child travel to school?

Walk Subway Car Other Bus (public) Bus (school) Bus (private), specify company name: _____

over

consent to photograph/video a student for a non-profit purpose

The Renaissance Charter School, and publications given permission by the school’s administration, may use interviews, quotes and photographs/videos of my child for non-profit purposes. I also grant said persons or publications the right to edit, use and reuse said products and hereby release The Renaissance Charter School and its agents and employees from all claims, demands, liabilities whatsoever in connection with the above.

Please check ONE of the following:

- I DO give my consent to photograph my child for a non-profit purpose.
- I DO NOT give my consent to photograph my child for a non-profit purpose.

authorization

I/We hereby certify that the above information is accurate. I/We hereby give TRCS permission to contact the physician named above, to provide emergency care at the school and to transport to the nearest hospital for care if indicated.

Parent or Guardian’s Name (Please print)

Parent or Guardian’s Signature

Date

For office use only:

MetroCard issued: _____

Bus route: _____

Bus stop: _____
