



TRCS Parent Association Form 2019-2020 School Year

what is the trcs parent association (TRCS PA)?

TRCS is strongly committed to parental involvement in all aspects of school governance. The primary goal of the PA is to foster communication and collaboration between the parents and families of our children and the teachers and staff of TRCS. The PA strives to broaden parent's understanding of our school structure and programs. The PA is active in several committees including Collaborative School Governance and Fund-Raising volunteerism. In addition, parents are included in various school-wide activities such as Hiring, Nutrition, Safety and new family support.

what does the PA do?

The PA serves as your voice as well as an information resource. And your annual PA monetary gift will help support programs for every student cluster, such as funding class libraries, supporting the sports program and arts program, and helping to fund Teacher's Choice which allows teachers from PK-12 to purchase necessary classroom supplies. The PA funds also support the Middle School Stepping-Up Ceremony, Senior Graduation, year-end trips and the Angel Fund.

2019-2020 fundraising goal!

The fundraising goal for the upcoming school year is \$20,000. We can raise over \$16,000 with your help by sending in your PA annual gift TODAY. Your annual contribution to the PA 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 our families. Throughout the year, the school will hold various fun(d)-raising events! You can provide additional support by volunteering to help out at one of the family friendly events such as the Halloween Spooktacular, the Scholastic Book Fair, Picture Day, the Winter Festival and more. Please fill out the form below.

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, Hiring Committee, and more.*

3 Check annual 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 "Friends of Renaissance" (with Parent Association in the memo line) and return this completed form with payment to the main office.

what if i have questions?

If you have any questions, please contact: peggyheeney@rencharter.org

do you have suggestions or comments? _____

**McKinney-Vento Act 42 U.S.C. 11435 Questionnaire
2019-20 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



**Request for Bus Transportation
2019-20 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
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please note

Return completed form to Pat Poljanic in the main office.