

16) Has your child participated in Speech classes/therapy? Yes No

If yes, please explain: _____

17) Is your child currently in a Special Education program? Yes No

If yes, please specify if it's an all-day participation or partial: _____

18) **Does your child have an IEP (Individualized Education Program)?** Yes No

If yes, please attach a copy.

Briefly summarize the reason why s/he has an IEP? _____

What program or special services does your child qualify for? _____

19) Does your child have any emotional or physical learning disabilities? Yes No If yes, please

explain: _____

20) Has your child had any problems at school with: Other children Teachers Discipline

Academic Other Please explain in detail: _____

21) Has your child consumed illegal drugs before? Yes No If yes, please specify:

22) Has your child been involved with any gangs or tagging crews? Yes No If yes, please explain:

23) Does your child have a police report? Yes No If yes, please explain: _____

24) Has your child had any problems with the authorities? Yes No If yes, please explain:

25) Has your child been suspended or expelled from any school? Yes No If yes, please explain:

If any of the above information is found to be false your child can lose enrollment at Renuevo Schools.

26) Is this the first time you enroll your child in this school? Yes No

27) Will your child be attending the entire program? Yes No If "No", please indicate the reason why:

Continue.....

28) Why do you want your child to participate in this program? _____

29) In which area/subject do you feel your child needs more focus/improvement? _____

30) How did you find out about our program?

- I received a letter or flyer at home Someone recommended me this program
 I received a flyer in the public school Someone called me to inform me
 Other: _____

Information about Parents and Legal Guardians

31) Parent's Name: _____ Relationship: Father
 Mother
 Legal Guardian

Address: _____
Street # Street Name Apartment #

City State Zip code

Telephone: Home _____ Work _____ Cellular _____

Email address: _____

32) Parent's Name: _____ Relationship: Father
 Mother
 Legal Guardian

Address (if different from above): _____
Street # Street Name Apartment #

City State Zip code

Telephone: Home _____ Work _____ Cellular _____

Email address: _____

Continue.....

In case of an emergency

33) List relatives or friends whom to contact in case of an emergency: **(must be 18 yrs or older)**

Name: _____ Relationship _____ Tel. _____

Name: _____ Relationship _____ Tel. _____

Name: _____ Relationship _____ Tel. _____

Name: _____ Relationship _____ Tel. _____

34) Is there any court order restriction that limits any person to have contact with your child during school hours?

Yes No If Yes, please explain: Date: _____ Order#: _____

Explain: _____

Authorization for Pick-up

35) **Only if your child is going to be pick-up by someone else after school:**

I authorize Renuevo Schools to release my child **ONLY** to the following persons (including myself):
(must be 18 yrs or older)

Name: _____ Relationship _____ Tel. _____

Name: _____ Relationship _____ Tel. _____

Name: _____ Relationship _____ Tel. _____

Name: _____ Relationship _____ Tel. _____

Name: _____ Relationship _____ Tel. _____

Signature of parent or legal guardian: _____

Continue.....

Authorization to Walk Home

(Please check ONE)

- My child will be picked up every day.
- I authorize Reneuvo Schools, Inc. to allow my child to walk home (or other destination) by him/herself every day. I acknowledge that Reneuvo Schools, Inc. is not responsible for the well-being and safety of my child once he/she is off school grounds.
- My child will be picked up every day except when I notify Reneuvo Schools to allow my child to walk home (or other destination) by him/herself. I acknowledge that Reneuvo Schools, Inc. is not responsible for the well-being and safety of my child once he/she is off school grounds.

Signature of parent or legal guardian: _____

Release of Legal Charges in Case of Accident

37) I, _____, parent or legal guardian of _____
(Name of father, mother, or legal guardian of student) (Name of student)

state that Huntington Park, Church of the Nazarene and/or Reneuvo Schools, its employees and volunteers are not responsible for any physical harm that my child may suffer on its premises, crossing the street to go to the playground, on a field trip or participating in any school activity. I release them from all liability to me for any injury or death, whether caused by the ordinary negligence or any other person while on premises. I agree not to sue for any loss, liability, damage, injury or death described above and I agree to hold harmless and indemnify Church of the Nazarene and/or Reneuvo Schools. I assume full responsibility for the risk of such loss, liability, damage, injury or death. I also assume responsibility for any of the costs connected to an injury, or any physical harm that my child may suffer while participating in Reneuvo Schools.

Signature of parent or legal guardian: _____

Medical Authorization

38) I/we, the undersigned parent, parents or guardians of the student listed above do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment and emergency hospital care which is advisable by and is to be rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to render care for the student. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. The undersigned also assumes the responsibility of any of the costs connected with such treatment and hereby releases Reneuvo Schools' employees and volunteers. I have read the above statement for the Medical Authorization and agree to the defined provisions.

Signature of parent or legal guardian: _____

Continue...

Agreement of School Rules

39) I abide to the standards and policies of Renuevo Schools, Inc. I understand that failure of the parents or students to comply with the established regulations, discipline, parental commitment, or failure to meet financial obligations will forfeit the student's privilege of attending Renuevo Schools.

Parent/Guardian's Signature

Parent/Guardian's Signature

Continue.....

Financial Responsibility

Date: _____

Renuedo Schools, Inc. traditional school year program (10 months) has an **enrollment fee, a monthly tuition fees, and textbooks/workbooks fee**. In order for students to participate in our program parents must pay the corresponding fees. Enrollment must be paid prior to classes starting. **Monthly tuition payments are due every 25th of the month.** Textbooks and Workbooks fees are due on the established dates given in the Book List.

Your **first tuition payment is due July 25th for August.** It is parent's responsibility to note the due dates on **all payments** to avoid a **late fee of \$50.** *If payment falls on a weekend or holiday, payment is due the next following business day.* It is parents responsibility to call the office to make arrangements if

Please read:

Enrollment fees, uniform cost are non-refundable. If you enroll your child and later withdraw, you are responsible of paying the total cost of the uniform order and textbook/workbook fees. **Transcripts and/or cumulative records will be placed on hold until such balance is paid in full.** ____ (initial)

"I _____ recognize that in order for my child _____
(Name of Parent/Guardian) (Name of Student)

to participate in Renuedo Schools traditional program I need to pay the above fees. I promise to pay for my child's education expenses as established above. I take full responsibility for all payments and/or expenses in the traditional program. I recognized that if there is a delay on my payment a **late fee of \$50.00** will be added to my account and/or my child will be discontinued from the program, and/or my debt will go to collection/court. **I will be responsible to pay any remaining balance, and my child report card, certificate, cumulative record; transfer, etc. will be placed on hold until such balance is paid in full.**"

Parent's Information with an income:

Name: _____ D.O.B: _____

SS#: _____ License/ID #: _____

Employer: _____ Occupation: _____

Work's Address: _____

Works' Telephone #: _____

Signature: _____