

**Renaissance Academy** 

14401 Owen Tech Blvd., Austin, TX 78728■ www.racademy.org (512) 252-2277 ■ E-mail : school@racademy.org ■



## **Application for Admission KG – High School (2024 - 2025)**

# Part I

Family Name (Last Name): \_\_\_\_\_

Total Number of family members applying to Renaissance Academy:

### Have you applied to Renaissance Academy before? Y / N

Student First Name	Date of Birth	<b>Grade Applying For</b>

Please ensure that all of the required forms listed below have been completed before returning this application to Renaissance Academy.

App	licant's Checklist	Office Use O	nly
	Application for Admission	Verified	
	Health Requirements Form (Pre-K and KG applicants only)	Verified	
	Updated Immunization Record	Verified	
	Birth Certificate	Verified	
	Record Release Form	Verified	
	Family Financial Agreement (1 per family)	Verified	

For Office Use Only (Form RA-1001, Rev. 02/01/2020)				
Completed online application	□Yes □No			
Date and Time of Submission	Date: Time:			
Application Checked By:				
Application Status:				
Date of Admission:				
Date of Withdrawal:				

# **APPLICATION FORM**

Date:					
Student Infor	mation				
Name:					
Last Grade Applying		First		Middle	Preferred
Date of Birth:					Gender:
	Month	Day		Year	Male / Female
Parent/Guardian	Last			First	Middle
Home Address:_					
	Number		Street		
	City		State		Zip Code
Parent/Guardian	n Telephone Nu			(	)
()		H	ome		Business
Mobile					
Please be sure to call	l the school office	if your address	or telephone n	umber chang	<i>es.</i>
Parent/Guardian	n Signature:				_
Parent Inform	nation				
Father's Name:					
_	Last		First		Middle
Address: Number	Street	City	Sta	te	Zip Code
Telephone Numb	pers: ( )		(	)	
()	Hom	le	、	Busines	SS
Mobile					
E-mail:					
Occupation:					
Employer:					

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Mother's Na	me:					
Address:		Last		First		Middle
Code	Number	Street	City		State	Zip
Telephone N	umbers:	()		()		
E-mail:		Mobile				
Occupation:						
Employer: _						
Emergency	Contact	(if parent/guare	dian cannot b	e reached)		
Name						
Telephone Number	(s)				Relationship	
	se, learning	during the past g difficulties and		ormation that	staff should b	be aware of
	ZATION			· · · · · · · · · · · · · · · · · · ·	h additional shee	ts if needed)
In the event t attention, I at convenient ho Name of Phy	hat I cann 1thorize th ospital or t ysician:	FOR EMERG ot be reached to the facility directo o:	make arrange r or person in	ments for em charge to tal	ergency medic a my child to	the most
Telephone N	umber:					
0		acility to secure a	•	•	•	
Parent/Guardian S	Signature					

## Health Requirements Form (Required of Students Applying for Pre-K or Kindergarten)

<b>ADMISSION REQUIREMENT</b> : One of the following must be presented when your child (under the age of 5 years) is admitted to the daycare facility or within one week of admission. Check to indicate the option you select:					
	DOCTOR'S STATEMENT: I have examined the above-named child within the past year and find that he/she is physically able to take part in the daycare program.				
			Physicia	n's Signature	Date
A copy of the medica referral for further di				, Diagnosis, and Treatment (EPSDT	) Program, if no
A form or written sta	tement from a he	alth service or cli	inic.		
If you do not have any of	the above:				
PARENT'S STATEM	IENT: My child	has been examine	ed within the past	year by a licensed physician and is a	ble to participate
Name and address of Phys	ician OR addre	ss of EPSDT Scre	eening Site:		
Within the next 12 mo Program, or a form or state	,	1 2	· 1•	the medical screening form from the it to the day care facility.	e EPSDT
My child has an appoin	tment for a physic	al examination:			
Date:					
I will submit the physician's statement, EPSDT form, or health service or clinic form to the day care facility following the examination.					
			Signature - Pa	rent or Legal Guardian	Date
HEARING	DATE	r	SIGNATURE		
Hz R	1000	2000	4000	PASS	
L				FAIL	

**NOTE:** If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

I hereby authorize the daycare facility to allow my child to leave the daycare facility ONLY with the following persons.				
Please Provide NAME and PHONE NUMBER				
Name:	Name:	Name:		
Phone:	Phone:	Phone:		

SIGNATURE

#### Parent/Guardian Signature: \_

VISION

R20/

DATE

L20/

PASS FAIL

## Part II

# **Transportation Permission Slip**

There may be times that Renaissance Academy will need to transport your child for field trips or in emergency situations. By signing this form you give Renaissance Academy permission to transport your child in these situations. In the case of field trips, we will also send you a separate permission slip.

I hereby	give consent f	for my child t	o be transported	and supervised by R	А

I hereby \_\_\_\_ do not give consent for my child to be transported and supervised by RA

- ☐ For Emergency Care
- To and From Home
- To and From School

Name of Student:	

arent Name:	

Parent Signature:	
i aroni orginataro.	

Date:

# Water Activities Permission Slip

At Renaissance Academy, we do not have a swimming pool but we may have some other forms of water activities such as sprinkler play and water table play (with water on a sensory table.) By signing this form you give your child permission to participate in such activities.

Name of Student: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature:

Date:				

# Picture Authorization Form

As stated in the Renaissance Academy parent handbook, pictures of Renaissance Academy students will be taken throughout the year for inclusion in our yearbook as well as other school promotional activities.

\_\_\_\_\_

I understand this policy and give permission for my child's photos to be placed on school bulletin boards, the Renaissance Academy website, the school yearbook, on school posters or in other ways for class and school activities.

Name of the child:	
Name of Parent:	
Parent's Signature:	
I do NOT give permission for my child's photos to be p the Renaissance Academy website, the school yearbook	placed on school bulletin boards,
Name of the child:	
Name of Parent:	
Parent's Signature:	Date:

## ACCEPTABLE USE AND INTERNET SAFETY POLICY

Renaissance Academy provides access to computers and to the Internet as a means of enhancing the education of our students. We have an acceptable use and internet safety policy to ensure that students use these resources in an acceptable manner. During the course of the school year, additional rules regarding Internet safety may be added. If this occurs, any new rule will become a part of this policy

#### TERMS OF THE ACCEPTABLE USE AND INTERNET SAFETY POLICY

- Students must make available for inspection by an administrator or teacher upon request any messages or files sent or received at any Internet location.
- Students must use appropriate language in all communications. The student should not use profanity and should avoid offensive speech. The student should not participate in "Cyber Bullying" such as personal attacks and/or threats on/against anyone using these resources.
- Students must not make use of material (files) or attempt to locate the material (files) that is unacceptable in a school setting. The criteria for acceptability are demonstrated in the types of materials made available to students by administrators and teachers. School administrators and teachers reserve the right to define what is acceptable and appropriate.
- Students must not attempt to or threaten to attempt to discover passwords or to control access to the Internet or the computer network.
- Students must not knowingly introduce or allow the introduction of any computer virus to any computer.
- Students must not play games, including Internet-based games, except school-approved, teacher-supervised educational games, on school computers.
- Students must not use their computer to listen to any music or other audio material whether from a media device or from an internet location unless it serves an express educational purpose and the student obtains prior permission for the specific material they want to listen to.
- Students must not mistreat or distort the computer, system, mouse, keyboard, monitor or printer and must not change any of the computer settings. Students will be liable for the costs of any damages they cause to any computer.
- No food or drink is allowed in the computer room at any time.
- Students are not allowed to enter the computer lab without permission and there must be adult supervision at all times that students are present in the lab.

I understand that should I fail to honor all the terms of this policy; my computer privileges may be removed, and I may be subject to other disciplinary action.	school to allow my child to have access to the
Student Name (Print):	Parent/Guardian Name:
Student Signature:	Parent Guardian Signature:
Date:	Date:

	revious school information:
Name:	
Address:	
E-mail (optional):	
Student Name:	Birth date: //
	olled at Renaissance Academy. Please forward the permanent records, standardized test records, health history/immunization tory to:
	Narjes Ahmad Registrar
	Kegisti ai
	Renaissance Academy
	Renaissance Academy 14401 Owen-Tech Blvd. Austin, TX78728
PARENT AUTHORIZAT	14401 Owen-Tech Blvd. Austin, TX78728
	14401 Owen-Tech Blvd. Austin, TX78728 <u>ION:</u> FOR MY CHILD'S SCHOOL RECORDS TO BE SENT TO

# **Part III: Family Financial Agreement**

Name:				
	Last		First	Middle
Address:				
Number	Street	City	State	Zip Code
Telephone <b>N</b>	Numbers: ()	Home	()	Business
Mobile	()_			
E-mail:				

## **Financial Terms and Conditions**

#### **TUITION COLLECTION AGENCY**

Renaissance Academy has engaged an external company (Facts) to collect all tuition and other fees. Upon completion of the enrollment process, you will receive communication from Facts to complete the sign-up process. Any time, if you have any questions on your accounting statement, please call Facts. This service is available 24 hours, 7 days of a week. They will do their best to address your concern within 3 business days. If your accounting concerns are not addressed within 3 days by Facts, then you can email the school at <u>accounts@racademy.org</u>. We highly recommend that you email the school as your last option after you have contacted Facts.

#### **TUITION POLICY**

The tuition policy described here is to ensure that tuition and other fees are collected in a consistent and timely manner.

- 1. For your child's enrollment application to be valid, all student records must be included. If there is space and your child's applications has been accepted, all registration and enrollment fees are due within 2 business days.
- 2. If your child is absent on the first day of school without prior written notice, their name will be removed from the roster and their seat will be given to a wait-listed student. The office should be notified as soon as possible if your child will be absent on the first day of school.
- 3. Tuition is due on the 5th of each month starting in August and ending in May of the current academic year, according to the fee schedule. To avoid incurring late fees, please make sure you make your payments to Facts by the 5th of every month. The best way to avoid any such situation is to sign up for the auto-withdrawal option with Facts.
- 4. The tuition will remain the same for months in which there are long holidays. During long holidays (Ramadan, Eid al-Adha, Winter Break) Renaissance Academy may offer a daycare program for an additional fee.

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- 5. Renaissance Academy reserves the right to alter the calendar or school at any time throughout the year. Such alterations do not change the parental requirement to pay full tuition.
- 6. Tuition is due in full for each month regardless of the number of days your child attends school. If your child is sick and does not attend, the payment will not be reduced and no compensation will be made for hours or days missed.
- 7. Renaissance Academy reserves the right to impose appropriate penalties in those situations when tuition payments are delinquent. These may include, but are not limited to denial of reenrollment, suspension of students, not allowing students to sit for exams, withholding of transcripts and records as prescribed by law.
- 8. Students are required to take care of the books and return them at the end of the year. Parents will be assessed additional fees if the books are not returned or if they are returned in less than satisfactory condition.
- 9. Multiple-child discounts apply to families and staff on **tuition** ONLY. There is no multichild discount for other fees.
- 10. **Important Note:** There will be no multi-child discounts if all your children are enrolled in Pre-School. If you have a child in pre-school and the second child in elementary through high, the sibling discount will apply to the child enrolled in elementary through high school.
- 11. For tuition not received after the due date, parents will receive a courtesy phone call and/or an email from Facts. If the account is still not paid and is 2 months delinquent, the student will not be allowed to attend school the next month until the past due balance is paid in full.
- 12. <u>TUITION REFUND POLICY: This only applies to a family that has paid the annual tuition</u> <u>in August.</u> Parents must submit a written request to the Administration at least **21** working days before withdrawing the student(s) from school for tuition reimbursement. Refund will only be given for tuition paid in advance for any remaining full months the student will not attend.
- 13. All the Other Fees are due in full irrespective of the number of months your child attends Renaissance Academy. If you decide to pay in 10 installments, you are agreeing to pay this fee even if you withdraw your child in the middle of the year.

#### Note: Please make sure you sign the financial agreement at the end of this section.

### FEE STRUCTURE Enrollment/School Fees

The enrollment fee includes the Registration Fee, Book Fee, and Seat Deposit. All these fees need to be paid after your child's application has been reviewed and they have been granted admission. Upon being granted admission, all fees are due within 2 business days.

Fee	Total Amount	Refundable	When It is Required				
Registration Fee	\$500	No	Upon Admission Acceptance				
K-12 Book Fee	\$500	Yes	Upon Admission Acceptance				
Seat Deposit Fee	1 Months	No	Upon Admission Acceptance				
(Credited towards August Tuition)	Tuition						
Testing, Tech, & Supply Fee	\$1000	No	Charged \$100 each month in addition to				
			tuition				

## 2024-2025 Fee Schedule for <u>New</u> Students

The following table shows the annual tuition based on 10 calendar months from August 2024 to May, 2025. As the table shows, there is a discounted fee for families with more than one child in the school though there are no discounts for children in Pre-Kindergarten.

Category	1st Child	2nd Child	3rd Child	4rd Child	All Addl.
Pre-K (8.00am 3.30pm.)	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
Pre-K (8.00am 6.00pm.)	\$9,500	\$9,500	\$9,500	\$9,500	\$9,500
K-12	\$7,000	\$5,000	\$3,500	\$2,500	\$2,000

### 2024-2025 Annual Tuition

## Application for Admission KG – High School (2024 2025)

# **STEP 1: COMPUTE ANNUAL TUITION & OTHER FEES FOR YOUR CHILD(REN)**

Please complete this table to determine the annual tuition and other fees due for your child(ren).

	Student Name	Grade	Tuition	Other Fees
1				
2				
3				
4				
5				
	Total			

## **STEP 2: SELECT PAYMENT TYPE**

Parents are responsible for full payment of tuition and other fees and have two options in completing their financial obligations to Renaissance Academy. Please check the appropriate check box in the table below to indicate your tuition and other fee payment preference.

### A=1 Annual payment

 $\square$ **B**= 10 equal payments (due on or before the 5<sup>th</sup> of every month)

## **STEP 3: ACCEPT AND SIGN THE FINANCIAL AGREEMENT**

I understand my financial obligations and agree to make these payments.

I agree to enroll in Facts to make the tuition and other fee payments.

I have read the financial policies listed above and in the parent handbook for Renaissance Academy and agree to abide by all terms of this agreement.

I agree that if tuition and other fee payments become delinquent on the fifth day of any month for which I have not yet made a payment, a late fee of will be assessed on my account by Facts.

Parent Signature:		Date:	
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Parent Name: