



# 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 (2025 - 2026)

### 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	Grade Applying For

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

#### Applicant's Checklist

- Application for Admission
- Health Requirements Form (Pre-K and KG applicants only)
- Updated Immunization Record
- Birth Certificate
- Record Release Form
- Family Financial Agreement (1 per family)

#### Office Use Only

- Verified
- Verified
- Verified
- Verified
- Verified
- Verified

<b>For Office Use Only (Form RA-1001, Rev. 01/27/2025)</b>	
Completed online application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date and Time of Submission	Date: _____ Time: _____
Application Checked By:	_____
Application Status:	_____
Date of Admission:	_____
Date of Withdrawal:	_____

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APPLICATION FORM

Date: \_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_  
Last First Middle Preferred

Grade Applying For: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month Day Year Male / Female

Parent/Guardian: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip Code

Parent/Guardian Telephone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Business

(\_\_\_\_) \_\_\_\_\_  
Mobile

*Please be sure to call the school office if your address or telephone number changes.*

Parent/Guardian Signature: \_\_\_\_\_

**Parent Information**

Father's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Business

(\_\_\_\_) \_\_\_\_\_  
Mobile

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Business  
(\_\_\_\_) \_\_\_\_\_  
Mobile

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

## Emergency Contact (if parent/guardian cannot be reached)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number(s) Relationship

List any special needs that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, learning difficulties and any other information that staff should be aware of (**If none write NONE**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if needed)

## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the most convenient hospital or to:

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I give consent for this facility to secure any and all necessary emergency medical care for my child: \_\_\_\_\_

Parent/Guardian Signature

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

**ADMISSION REQUIREMENT:** 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.

\_\_\_\_\_ **Physician's Signature** \_\_\_\_\_ **Date**

A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

A form or written statement from a health service or clinic.

**If you do not have any of the above:**

**PARENT'S STATEMENT:** My child has been examined within the past year by a licensed physician and is able to participate in the day care program:  
Name and address of Physician **OR** address of EPSDT Screening Site:

Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the day care facility.  
**OR**

My child has an appointment for a physical examination:  
Date: \_\_\_\_\_ Name and Address of Physician **OR** Address of EPSDT Screening Site: \_\_\_\_\_

I will submit the physician's statement, EPSDT form, or health service or clinic form to the day care facility following the examination.

\_\_\_\_\_ **Signature - Parent or Legal Guardian** \_\_\_\_\_ **Date**

HEARING	DATE	SIGNATURE		
Hz	1000	2000	4000	PASS <input type="checkbox"/>
R				
L				FAIL <input type="checkbox"/>
VISION	DATE	SIGNATURE		
R20/ _____	L20/ _____			PASS <input type="checkbox"/> FAIL <input type="checkbox"/>

**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: _____ Phone: _____	Name: _____ Phone: _____
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**Parent/Guardian Signature:** \_\_\_\_\_

**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 for my child to be transported and supervised by RA

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

- On-Field Trips
- For Emergency Care
- To and From Home
- To and From School

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

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

Parent Signature: \_\_\_\_\_

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: \_\_\_\_\_

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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: \_\_\_\_\_ Date: \_\_\_\_\_

I do NOT give permission for my child’s photos to be placed on school bulletin boards, the Renaissance Academy website, the school yearbook, or on school posters.

Name of the child: \_\_\_\_\_

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

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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.	By signing below, I give permission for the school to allow my child to have access to the internet.
Student Name (Print):	Parent/Guardian Name:
Student Signature:	Parent Guardian Signature:
Date:	Date:

## Request for Transfer of Records

Please enter your child's previous school information:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The above student has enrolled at Renaissance Academy. Please forward the permanent and cumulative academic records, standardized test records, health history/immunization records, and discipline history to:

Narjes Ahmad  
Registrar/Admin Assistant  
Renaissance Academy  
14401 Owen-Tech Blvd.  
Austin, TX78728

### PARENT AUTHORIZATION:

I GRANT PERMISSION FOR MY CHILD'S SCHOOL RECORDS TO BE SENT TO RENAISSANCEACADEMY.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registrar:** Please be sure all records are legible. Thank you for your help.



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### Part III: Family Financial Agreement

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone 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 [accounts@racademy.org](mailto:accounts@racademy.org). 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.
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.

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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 re-enrollment, 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 multi-child 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. **Non-Refundable Fees:**

Parents and guardians acknowledge and agree that the following fees are strictly non-refundable under any circumstances, including but not limited to voluntary withdrawal, or withdrawal for cause.

- Registration Fees
- Book Fees
- Tuition for the month of August

These fees cover administrative, academic, and logistical expenses incurred by the school in preparation for the student's enrollment.

If a student withdraws at any time after enrollment and acceptance by the school, no refunds will be issued for any fees paid, including the tuition for the first month.

### 13. **RA Banquet Fee:**

Parents and guardians acknowledge and agree to pay a one-time RA Banquet fee of \$100 per family. This fee will be charged in the month when the RA Banquet is held. It is a mandatory and non-refundable fee, regardless of attendance at the banquet.

14. Parents and/or Guardians withdrawing a child during the school year or during summer are required to provide a 30-day written notice. Example: If withdrawal notice is given on 5th of a month, then next month's fees will be processed.

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

### FEE STRUCTURE

**Enrollment Fees (Due at the time of Re-enrollment or New Registration):**

The enrollment fee includes the Registration Fee, Book Fee, and Seat Deposit. All these fees need to be paid upfront once your child’s application has been accepted and they have been granted admission.

The following table shows the annual tuition based on 10 calendar months from August 2024 to May, 2023. 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.

New Student Registration Fee	\$500 (Due Upon Admission Acceptance)
<b>Book Usage Fees:</b>	
For Elementary (K ~ 12 <sup>th</sup> )	\$500 (Due Upon Admission Acceptance)

**Annual Tuition**

Category	1st Child	2nd Child	3rd Child	4th Child	Addl.
Kindergarten ~ 12 <sup>th</sup>	\$7500	\$5500	\$3500	\$2500	\$2500

**Annual Standardized Testing Fee, Technology Fees & Classroom Supplies:**

KG - 12 <sup>th</sup> Grade	\$1000
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## 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			

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### 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**

**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:** \_\_\_\_\_

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