



2024-2025 Enrollment Paperwork Checklist Current Returning Student Family Packet

We look forward to working with your student(s) again here at Renaissance Academy. You may bring your paperwork to the school between 8:00 am and 3:30 pm Monday through Friday when the school is in session. Summer Office hours Monday through Thursday 10 am to 2pm. Please print this packet single sided.

All items listed on this checklist must be completed and turned in before the official start of the 2024-2025 school year.

- _____ Family and Emergency Contact Information (1 per Family)
- _____ Acceptance of Policy (1 per Family)
- _____ Acknowledgment of Special Notices (1 per Family)
- _____ Evacuation and Reunification Information for Parents and Guardians
- _____ Parent Information - Emergency Response Summary
- _____ Parent Information - Reunification Procedure
- _____ Parent/Student Reunification Card - English
- _____ Parent/Student Reunification Card - Spanish
- _____ Background Check Form and \$20 Fee - ***if last check is more than 3 years old*** (1 per Family)
- _____ Parent Code of Conduct (1 per Family)
- _____ Authorization of Student Medication - ***if applicable*** (1 per Student)
- _____ Student Network Access and Internet Usage Permission Form (1 per Student)
- _____ Student Field Trip Medical and Insurance Permission (1 per Student)
- _____ Student Photo Release Form (1 per Student)
- _____ Vision Screening Permission Form (1 per Student)

Optional Items:

Fee Waiver Applications are available at the front office or on our website (on the Middle School page) and must be completed and approved before fees are due each school year.



Family and Emergency Contact Information

Student's Name(s) _____

Parent/Guardian Information

First Name	Middle	Last
Physical Address		
City	Zip	Legal Guardian YES NO Student lives at this address YES NO
Marital Status	Gender	Email
Home Phone	Work Phone	Cell Phone

First Name	Middle	Last
Physical Address		
City	Zip	Legal Guardian YES NO Student lives at this address YES NO
Marital Status	Gender	Email
Home Phone	Work Phone	Cell Phone

In the event one is created, may we include your Family Information in a School Directory? YES NO

Renaissance Academy requires a parent or legal guardian to present ID and physically sign for your student to be released from school during the day. Please include any other individuals you authorize to pick up your student from school. In the event of an emergency and the school is unable to reach you or those listed here, the school will call an ambulance or paramedics is deemed necessary.

Name	Street	City, State, ZIP	Phone	Relationship

Is there any individual who is prevented from checking out this student? YES NO

If yes, list the individual's name and provide the related court documents. _____

I have read and understand the information on this form. Furthermore, I accept financial responsibility for all accident/illness related costs and I agree to the emergency procedures outlined above.

Print Name

Signature

Date



Acceptance of School Policy

By signing below, I acknowledge that enrollment at Renaissance Academy is voluntary and I agree to support the school's mission, vision and goals.

- I attest that I have read or will read and be bound by the Renaissance Academy policies that are found on the school website and understand that all the policies and procedures are subject to change.
- I understand that attendance at Renaissance Academy is voluntary and that if I do not agree with the school's educational philosophy I am free to place my student(s) in my local public school, a private school, home school, another charter school or organize a charter school that more closely aligns with my educational philosophy and goals.
- I understand that failure to follow school policies may result in administrative action, which may include my student(s) being expelled from Renaissance Academy.
- I understand that Renaissance Academy has a goal of 95% attendance for students. I will work to schedule appointments, vacations and lessons outside of school hours. I will bring my student to school on time. I also understand that if my student(s) is absent 10 consecutive school days he/she may be unenrolled from Renaissance Academy according to state guidelines.
- Renaissance Academy is part of the public school system and subject to most of the same laws followed at any public school, including immunization and testing.

Overall, I commit to work in a cooperative manner to promote the school mission, vision and goals.

First and Last Name of Student(s)	
Signature of Parent/Guardian:	Date:



RENAISSANCE ACADEMY

Acknowledgment of Special Notices

Student's Name(s): _____

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that Renaissance Academy, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However, Renaissance Academy may disclose appropriately designated "directory information" without written consent, unless you have advised Renaissance Academy to the contrary in accordance with Renaissance Academy procedures. The primary purpose of directory information is to allow Renaissance Academy to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for basketball or soccer that show names of team members.

Our full Annual FERPA Notification can be found on our website, on the Data Privacy Page.

Accommodations For Students With Disabilities

In compliance with Section 504 of the Rehabilitation Act ("504") and the Americans with Disabilities Act (ADA) Renaissance Academy will provide reasonable accommodations to qualified individuals with disabilities. Students, parents or employees needing accommodations should contact their school ADA/504 coordinator. In compliance with the Equal Educational Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is Renaissance Academy's policy to provide alternative language services to limited English Proficient (LEP) students so that students with language barriers have a meaningful opportunity to participate in Renaissance Academy education programs. Renaissance Academy provides English as a Second Language (ESL) instruction and other effective services to students who are identified as LEP by means of a thorough evaluation process. Parents or Guardians who want to request alternative language services for their child should contact Renaissance Academy.

Equal Educational And Employment Opportunity

It is the policy of Renaissance Academy to provide equal educational and employment opportunity for all individuals. Therefore, Renaissance Academy prohibits all discrimination on the basis of race, color, religion, sex, age, national origin, disability, or veteran's status. This policy extends to all aspects of Renaissance Academy educational programs, as well as to the use of all Renaissance Academy facilities, and participation in all school-sponsored activities.

Civil Rights Grievance Procedure

Complaints of discrimination should be filed with the individual's principal or supervisor and/or with the school compliance officer/EEO Coordinator according to the provisions of the School Civil Rights Grievance Procedure. Copies of which are available at Renaissance Academy. If the complaint is against the principal or supervisor, the complaint may be filed directly with the Compliance Officer/EEO Coordinator. The Compliance Officer/EEO Coordinator, who has been designated to monitor and coordinate Renaissance Academy compliance with Title IX, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and all other applicable State and Federal civil rights laws, may be reached at the Utah State Office of Education.

Complaints of discrimination should be reported as soon as possible, but no later than 90 days after the incident(s), in order to be effectively investigated and resolved.

Parent/Guardian Signature: _____

Date: _____

Renaissance Academy - Evacuation and Reunification Information for Parents/Guardians

1. In the event of an emergency situation requiring a school-wide evacuation and relocation of all school personnel (students, faculty, volunteers), parents/guardians will be notified as follows:
 - a. Administration will send an email notification as soon as possible through the SIS system to all custodial parents/guardians to report the emergency situation, that evacuation procedures have been implemented, and the reunification location.
 - b. The above information will also be posted on the school FEC facebook page.
2. A link to our school website and information needed for reunification/student-checkout at the designated location will also be included in the communication sent by Administration to all custodial contacts.
3. If custodial contacts are unable to be reached to meet/check-out their student at the reunification point, school staff may reach out to listed emergency contacts.
4. Students will only be checked-out at the reunification location to custodial/emergency contact with valid photo ID.



STANDARD™ RESPONSE PROTOCOL EXTENDED

STUDENT SAFETY

A critical ingredient in the safe school recipe is the classroom response to an incident at school. Weather events, fire, accidents, intruders and other threats to student safety are scenarios that are planned and trained for by students, teachers, staff and administration.

SRP

Our school is expanding the safety program to include the Standard Response Protocol - Extended (SRPx). The SRPx is based on these five actions. Lockout, Lockdown, Evacuate, Shelter and Hold. In the event of an emergency, the action and appropriate direction will be called on the PA.

LOCKOUT - "Get Inside. Lock Outside Doors"

LOCKDOWN - "Locks, Lights, Out of Sight"

EVACUATE - "To the Announced Location"

SHELTER - "For a Hazard Using a Safety Strategy"

TRAINING

Please take a moment to review these actions. Students and staff will be trained and the school will drill these actions over the course of the school year.

More information can be found at <http://iloveugays.org>

LOCKOUT

GET INSIDE. LOCK OUTSIDE DOORS

Lockout is called when there is a threat or hazard outside of the school building.

STUDENTS:

- Return to inside of building
- Do business as usual

TEACHERS

- Recover students and staff from outside building
- Increased situational awareness
- Do business as usual
- Take roll, account for students



LOCKDOWN LOCKS, LIGHTS, OUT OF SIGHT

Lockdown is called when there is a threat or hazard inside the school building.

STUDENTS:

- Move away from sight
- Maintain silence

TEACHERS:

- Lock classroom door
- Lights out
- Move away from sight
- Maintain silence
- Wait for First Responders to open door
- Take roll, account for students



EVACUATE TO A LOCATION

Evacuate is called to move students and staff from one location to another.

STUDENTS:

- Bring your phone
- Leave your stuff behind
- Form a single file line
- Show your hands
- Be prepared for alternatives during response.

TEACHERS:

- Grab roll sheet if possible
- Lead students to Evacuation Location
- Take roll, account for students



SHELTER FOR A HAZARD USING SAFETY STRATEGY

Shelter is called when the need for personal protection is necessary.

SAMPLE HAZARDS:

- Tornado
- Hazmat

SAMPLE SAFETY STRATEGIES:

- Evacuate to shelter area
- Seal the room

STUDENTS:

- Appropriate hazards and safety strategies

TEACHERS:

- Appropriate hazards and safety strategies
- Take roll, account for students



HOLD IN YOUR CLASSROOM

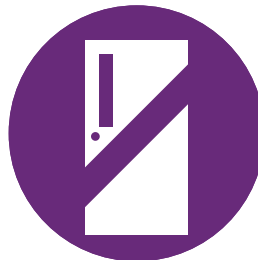
Hold is called when the hallways need to be kept clear, even during class changes.

STUDENTS:

- Remain in your classroom
- Do business as usual.

TEACHERS:

- Recover students and staff from hallways
- Close and lock classroom door
- Take roll, account for students





STANDARD™ REUNIFICATION METHOD

STUDENT/PARENT REUNIFICATION

Circumstances may occur at the school that require parents to pick up their students in a formalized, controlled release. This process is called a Reunification and may be necessary due to weather, a power outage, hazmat or if a crisis occurs at the school. The Standard Reunification Method is a protocol that makes this process more predictable and less chaotic for all involved.

Because a reunification is not a typical end of school day event, a reunification may occur at a different location than the school a student attends. If this location is another school, then those students may be subject to a controlled release as well.

NOTIFICATION

Parents may be notified in a number of ways. The school or district may use its broadcast phone or text message system. In some cases, students may be asked to send a text message to their parents. A reunification text message from a student may look something like this: *“The school has closed, please pick me up at 3:25 at the main entrance. Bring your ID.”*

PARENT/GUARDIAN EXPECTATIONS

If a parent or guardian is notified that a reunification is needed, there are some expectations that parents or guardians should be aware of. First, bring identification. That will streamline things during reunification. Second, be patient. Reunification is a process that protects both the safety of the student and provides for an accountable change of custody from the school to a recognized custodial parent or guardian.

WHAT IF A PARENT CAN'T PICK-UP THEIR STUDENT?

When a parent can't immediately go to the reunification site, students will only be released to individuals previously identified as a student's emergency contact. Otherwise, the school will hold students until parents can pick up their student.

WHAT IF THE STUDENT DROVE TO SCHOOL?

There may be instances where a student may not be allowed to remove a vehicle from the parking lot. In this case, parents are advised to recover the student. In some circumstances, high school students may be released on their own.

Reunification Information (PLEASE PRINT CLEARLY)

Have photo identification out and ready to show school district personnel.

Student Name

Student Grade Student Cell Phone Number

Name of person picking up student

Signature

Phone number of person picking up student

Relationship to student being picked up

Photo identification matches name of person picking up student? Y or N

Parent completes:

Print Student Name Again

Student Grade School personnel completes upon release of student

Student Birthday TIME INITIALS OTHER

HOW IT WORKS

For students, the school asks that students be orderly and quiet while waiting. Students may be asked to text a message to their parents or guardians. Students are also asked not to send other text messages either in or out of the school or reunification area. Keeping the cellular network usage at a minimum may be important during a reunification.

REUNIFICATION CARDS

For parents, there are a couple of steps. If a parent is driving to the school, greater awareness of traffic and emergency vehicles is advised. Parents should park where indicated and not abandon vehicles. Parents are asked to go to the Reunification “Check In” area and form lines based on the first letter of their student's last name. While in line, parents are asked to fill out a reunification card. This card is perforated and will be separated during the process. Some of the same information is repeated on both the top and separated bottom of the card. Parents are asked to complete all parts of the card.

In the case of multiple students being reunified, a separate card for each student needs to be completed.

BRING ID TO CHECK IN

During check in, identification and custody rights are confirmed. The card is separated and the bottom half given back to the parent.

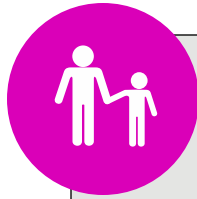
From the “Check In” area parents are directed to the “Reunification” area. There, a runner will take the bottom half of the card and take it to the Student Assembly Area to recover the student or students.

Parents should be aware that in some cases, they may be invited into the building for further information.

INTERVIEWS AND COUNSELING

In some cases, parents may be advised that a law enforcement investigation is underway and may be advised that interviews are necessary. In extreme cases, parents may be pulled aside for emergency or medical information.





Reunification Information (PLEASE PRINT CLEARLY)

Have photo identification out and ready to show school district personnel.

Student Name

Student Grade Student Cell Phone Number

Name of person picking up student

Signature

Phone number of person picking up student

Relationship to student being picked up

Photo identification matches name of person picking up student? Y or N

Parent completes:

Print Student Name Again

Student Grade

Student Birthday

School personnel completes upon release of student

TIME	INITIALS	OTHER
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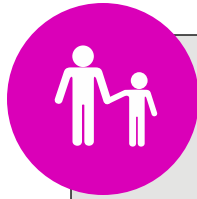
Parent Guardian Sign Off
 I have read and understand these instructions.
 Print Your Name
 Signature

1. Please complete the information on the other side of this card.
2. Prepare identification (if you don't have ID with you, please move to the side of the line, it may take a little longer to verify your identity.)
3. Select the check-in line based on either student last name or student grade.
4. After check-in, staff will split this card and a runner will be sent to recover your student. Please step over to the Reunification Location.
5. If there has been injury or other concerns, you may be asked to meet a counselor.
6. Please don't shout at school or district staff. We'll get through this as quickly as possible.

Instructions

First, we want to thank you for your patience during this reunification. We share the same goal during this process: Getting you and your student back together as quickly as possible. The reason we're going through this is that an event has occurred at the school that mandates we personally reunite you with your child.

Reunification



Información de Reunificación (POR FAVOR IMPRIMA CLARAMENTE)

Tenga identificación con foto disponible para mostrarle al personal del distrito escolar.

Nombre del Estudiante

Grado del Estudiante..... Número del Celular del Estudiante

Nombre de la persona que recoge al estudiante

Firma

Número de teléfono de la persona que recoge al estudiante

Relación al estudiante recogido.....

¿La identificación de foto encaja con el nombre de la persona que recoge al estudiante? Sí o No

Para completar por el padre:

Imprima el Nombre del Estudiante Otra Vez

Grado del Estudiante.....

Cumpleaños del Estudiante.....

El personal escolar completa tras la liberación del estudiante.

OTRO TIEMPO INICIALES

Firma.....

Imprima su Nombre.....

Fecha.....

Firma del Padre o Tutor
He leído y entiendo estas instrucciones.

Reunificación

Primero, queremos agradecerle su paciencia durante esta reunificación. Compartimos la misma meta durante este proceso: Reunir a Ud. y a su estudiante lo más rápido posible. La razón por la cual estamos haciendo esto es que un acontecimiento ha ocurrido en la escuela que nos manda a juntarle personalmente con su niño.

Instrucciones

1. Por favor complete la información del otro lado de esta tarjeta.
2. Prepare su identificación (si usted no tiene identificación con usted, por favor muévase al lado de la línea/fila, puede tomar un poco verificar su identidad.)
3. Seleccione la fila de registro basada en apellido del estudiante o grado del estudiante.
4. Después del registro, el personal partirá esta tarjeta en dos y un corredor será enviado para traer a su estudiante. Por favor camine hacia la ubicación de reunificación.
5. Si ha habido una lesión u otras preocupaciones, puede pedirle reunirse con un consejero.
6. Por favor no le grite al personal de la escuela o del distrito. Completaremos esto lo más rápido posible.



Background Check

(Part 1)

Thank you for your willingness to assist the school in various capacities (i.e. classroom rotations, supervision, chaperoning/driving for field trips and after-school activities). It is necessary for each of our volunteers to obtain a background check so that we can consistently maintain a high standard for all those who are working with our students.

Please fill out the form below and submit it to the front office along with a payment of \$20 cash or check payable to Renaissance Academy. The background check is completed electronically. Thank you for your cooperation we look forward to working together to ensure a successful school year.

First Name:	Middle Name:	Last Name:
DOB:	SSN:	Male Female (<i>circle</i>)
DR LIC #		Expiration Date:
Formerly used last names:		
First and Last Name of Student(s):		

WAIVER

Qualifying Entity: Renaissance Academy
Address: 3435 N. 1120 E. Lehi, UT 84043

By signing this form, I authorize the Utah Bureau of Criminal Identification (BCI) to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity. Utah BCI shall make reasonable efforts to respond to the inquiry within 15 business days. I do hereby release Utah BCI, all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information. I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

 Prospective Employee/Volunteer Signature Date

 Qualifying Entity Representative Signature Date

FOR OFFICE USE ONLY			
Date Payment Received: _____	Date Run: _____		
Check: _____ Cash: _____	Code: _____		
Online: _____			



Background Check

(Part 2)

APPLICATION AND NOTICE PURSUANT TO Utah State Code UCA 53g-11-402

To the Applicant:

Utah State Code UCA 53g-11-402 authorizes a state and national criminal history background check to determine the fitness of an non-licensed employees, contract employees, volunteers, and charter school governing board members. Pursuant to this code, the entity (a) to which you have applied for employment or to serve as a volunteer; (b) by which you are employed or serve as a volunteer; or (c) which provides care to someone to whom you have or may have unsupervised access, may request a background check. This code also allows the entity to:

collect the following from an individual required to submit to a background check under Subsection [\(1\)\(a\)](#):

- (i) personal identifying information;
- (ii) subject to Subsection [\(2\)](#), a fee described in Subsection [53-10-108\(15\)](#); and
- (iii) consent, on a form specified by the LEA or qualifying private school, for:
 - (A) an initial fingerprint-based background check by the FBI and the bureau upon submission of the application; and
 - (B) retention of personal identifying information for ongoing monitoring through registration with the systems described in Section [53G-11-404](#);

By paying the fee and signing the form the entity is authorized to submit the individual's personal identifying information to the bureau for:

- (i) an initial fingerprint-based background check by the FBI and the bureau; and
- (ii) ongoing monitoring through registration with the systems described in Section [53G-11-404](#) if the results of the initial background check do not contain disqualifying criminal history information as determined by the LEA or qualifying private school in accordance with Section [53G-11-405](#);

You are entitled to (a) obtain a copy of any background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. Such request for a copy of your criminal history record and any challenge to the accuracy of such record should be addressed to Utah BCI located at 3888 W 5400 S in Salt Lake City, Utah. Please contact the fingerprint supervisor at (801) 965-4569 to set up an appointment to challenge the accuracy and completeness of the information. Supporting documentation will be kept on file at Utah BCI for 6 months, so challenges must be made within this time period. You may also contact the FBI for the same reasons listed above at: FBI CJIS Division, Attention: Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306

Prior to completion of the background check, Renaissance Academy may choose to deny you unsupervised access to a person to whom the entity provides care.

I have read and understand the above.	
First and Last Name of Student(s)	
Signature of Parent/Guardian:	Date:



RENAISSANCE ACADEMY

Parent Code of Conduct

I, the undersigned parent(s)/guardian(s), have voluntarily accepted enrollment for my child(ren) at Renaissance Academy. I have determined that Renaissance Academy is the best educational environment for my child(ren) and that it is concerned with providing the best possible education for every child who attends. I understand that my child(ren) will be most successful when I am an active partner in education.

In order to enhance my child's academic growth, I agree to:

- Assist my child's teacher(s) by participating in a classroom rotation for each of my K-5 children and help with specific needs for teachers of my 6-9 child(ren) and to log 40 volunteer hours per child per year.
- As needed, chaperone on my child(ren)'s field trips.
- Provide transportation for my child to and from school on time and promote safety when at or near the school.
- Ensure my student can reach the goal of 95% attendance. I will work to schedule appointments, vacations and lessons outside of school hours.
- Ensure my child has a healthy lunch and snack each full day of school.
- Ensure my child is dressed appropriately as stipulated by the Dress Code of Renaissance Academy.
- Access my email, the school website, and gradebook system frequently for school communications, at least weekly.
- Provide a suitable time and place at home for my child(ren) to complete homework or other assignments and encourage my child daily to fulfill his or her academic responsibilities.

I recognize that my role in interacting with the school is:

- That I have primary responsibility for the education of my child and thus will carry out the above.
- To follow policies adopted by the Board of Directors and procedures adopted by school administration.
- To attend all school-wide parent meetings and conferences scheduled with my student's teacher(s) or administration.
- To comply with the background check policy.
- To serve on one classroom or a school-wide committee.
- To be responsible for timely payment of any fees owed to Renaissance Academy, or for applying for any waivers of such fees as allowed by law.
- To consider a monthly donation and turn it into the front office by the 15th of each month.
- To communicate appropriately with all Renaissance Academy stakeholder groups by using positive communication, courtesy and respect. I will specifically take any concerns I have directly to the person most able to successfully address those concerns and not to others who cannot address the concern and utilize the grievance policy as needed.

I understand that my behavior as a parent has a direct impact on my child's success in school. I understand that violation of school policy regarding appropriate behavior from parents may result in the school taking action against me as permitted by law, including the revocation of my privilege to enter the school grounds and/or participate in school activities. YES NO (circle)

First and Last Name of Student(s)

Signature of Parent/Guardian:

Date:



Renaissance Academy
Authorization of School Personnel to Administer Medications
2024-2025 School Year

Name of Student: _____ DOB: _____

Parent/Guardian: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Licensed Health Care Provider's Statement:

1. Name/type of medication: _____

2. Dosage/amount to be given: _____

3. Frequency/times to be administered: _____

4. Duration (week, month, indefinite, etc.): _____

5. Anticipated reactions to medication (symptoms, side effects for underdose/overdose, etc.)

If request is for asthma medication, Epinephrine auto-injector, or diabetes medication an additional form will be required for the student to carry and self-administer. Seizure rescue medication cannot be carried by a student.

___ **IT IS** medically appropriate for the student to self carry this medication and be in possession of the medication and supplies at all times. This student has been trained to self-administer the medication and is capable of doing so. **SELF-ADMINISTRATION FORM NEEDED AS WELL.**

___ **IT IS NOT** medically appropriate to carry and self-administer this medication. Please have the appropriate school personnel maintain this student's medication for use.

Signature of Licensed Health Care Provider

Printed Name of Provider

Date

Parent/Guardian Request/Approval

___ I understand that a medication authorization form will be required each school year and whenever there is a dosage or medication change.

___ I understand that medication must be transported to and from the school by an adult and I will maintain a minimum one-week supply.

___ I understand that all prescription medication must be in its original pharmacy bottle and label with the student's name, medications name, dosage, and health care providers name.

___ I understand that over the counter must be in the current original manufacturer container and labeled with the students name.

I hereby request and give my permission for the above named student to receive the specified medication as stated in the above instruction from the health care provider. I understand that the school administration will designate specific staff to administer medication, train staff, assure proper identification and safe-keeping of medication, and maintain records of such administration of medication.

I further understand that school personnel who provide assistance (administration of specified medication so noted) or employer of such staff are not liable, civilly or criminally, for any adverse reaction suffered by my child as a result of taking the medication so indicated and discontinuing the administration of the medication in keeping with the procedure outlined above.

Signature of Parent/Guardian

Date



Student Network Access and Internet Usage Permission Form

Student Internet Policy

Philosophy

The Internet can be a valuable tool in achieving academic goals. Along with the opportunity to use the Internet at school comes the responsibility to use it appropriately.

Standards

Students in Grades 5 - 9 may have access to the Internet under the following conditions:

1. Students have on file the Renaissance Academy Acceptable Use Policy signed by both the student and a parent.
2. The student has completed a review of the Acceptable Use Policy as conducted by a staff member.
3. The student uses the Internet to search for information related to a classroom unit only (NO web surfing). Students may search for information related to a special topic only if granted permission by a staff member.
4. The student is under supervision by a staff member who can periodically monitor the student's progress.

Students in Grades K-4 are NOT permitted to access the Internet for any reason, unless as a guided activity with a staff member. Students who use the Internet inappropriately will have their Internet privileges permanently rescinded. Students are not permitted to access the Internet for any reason after school hours. As a K-9 school, we use a filtering system that filters out websites related to pornography, obscene and tasteless material, alcohol, gambling, anarchy, chat rooms, criminal skills, drugs, personal ads, R-rated material, and web-based newsgroups. Although no filter will block all of the sites on the Internet that might be offensive, having a filter can help. All student-used Renaissance Academy computers will have an Internet access filter.

I give permission for my son/daughter to use school computers and internet according to the terms of the applicable policy. I understand that misuse may result in suspension, revocation of computer privileges and/or disciplinary action.

I have discussed the above with my student and give my permission.
In addition, my student agrees to adhere to the above. YES NO (*circle*)

First and Last Name of
Student: _____

Signature of
Student: _____

Date: _____

Signature of
Parent/Guardian: _____

Date: _____



RENAISSANCE ACADEMY

Student Field Trip Medical and Insurance Form

Student Name: _____ Grade _____

Parent Name: _____ Home phone: _____

Cell phone: _____ May we text you? YES NO

Please note: *We ask for a suggested donation of \$40 from each student, regardless of grade, to cover the cost of field trips for the year.* Field trips are planned according to the funds received. You will receive notification and be requested to sign permission slips for the specific field trip dates, times and destinations. This form will be taken on each field trip.

In case of emergency, you have my permission to give medical personnel the following information concerning the above-mentioned student.

List health concerns, allergies to medications, and other pertinent information:

Insurance carrier: _____

Policy number: _____

Policy holder: _____

In case we are unable to contact you, please provide 2 emergency contacts who we may contact.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I understand by signing this form I am accepting responsibility for facilitating my child's attendance to the scheduled field trips for Renaissance Academy.

Signature: _____ Date: _____



Student Photo Release Form

Student Name: _____ 2024-2025 Grade: _____

I hereby consent that Renaissance Academy may use photographs, audio or video footage, or other images of my child and/or his or her artistic works, for purposes of educational and promotional activities, competitions, newsletters and other Renaissance Academy publications or purposes.

I acknowledge that Renaissance Academy is not obligated to use such images in the activities set forth above, and that there is to be no payment made for such use, if it does occur. Renaissance Academy will not identify my child by name in any promotional activity. Failure to return this form will result in a default Approval status.

Declining Approval may result in your students profile being omitted from the yearbook.

Thank you for your support of our school.

Approve: _____ Decline: _____

Parent/Guardian Signature _____



Vision Screening Permission Form

Vision screenings to screen your child for visual problems such as Amblyopia (lazy eye) will be conducted throughout their school years and is required by Utah State Law for their school to perform for all preschoolers and kindergarteners in their school.

Many pediatricians and Head Starts provide this proof as they conduct vision screenings at their locations and during medical physicals. It is each child's parent or guardian's responsibility to comply with the law to provide this proof of a vision screening. This proof is needed along with their immunizations records.

Please be sure your child brings their eye glasses on the day of the vision screening at their school if they wear glasses. Children's eyes can change in as short of time as 6 months and there may be a need to see their eye doctor for a possible change in the prescription.

If children cannot see the blackboard, they cannot learn.

Children often do not complain of poor vision whereas they may have seen everything in the same manner for years and are not aware the world doesn't look the way they see it. Amblyopia is a common but not always obvious eye defect which must be identified before the age of seven for the most effective treatment. If not treated early, permanent visual loss may occur. It is often correctable, if treated promptly. The current Utah Statutory Codes are 53A-11-201 and 53A-11-203.

I give permission_____I do not give permission_____for my child to receive a vision screening consistent with the requirements of Utah Law. I understand that the results of the vision screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and health care professionals working with the schools to provide appropriate follow-up services for my child.	
First and Last Name of Student:	
Signature of Parent/Guardian:	Date