American Renaissance School
"A Downtown Community School"

Enrollment Packet 2020-2021

Student Name (First, Middle, & Last): _____

Home Address: _____

Mailing Address (if different):_____

Student Resides with:
- Mother & Father
- Father Only
- Father & Stepmother

- Mother Only
- Mother & Stepfather
- Other: _____

Date of Birth: ____ / ____ / 20____   Gender (circle):   M   F

Grade Level (circle):   K   1   2   3   4   5   6   7   8

Home Phone: _____

Assigned School District:_____

Student Race: (check all that apply)
- American Indian or Alaska Native
- Asian
- Black or African American

- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White

_____
Father's Name (First & Last)

_____
Father's Address (if different)

_____
Father Home Phone (if different)

_____
Father Cell Phone

_____
Father Email

_____
Father Employer & Work Phone

Authorized to Pick Up? (circle)   YES   NO

_____
Mother's Name (First & Last)

_____
Mother's Address (if different)

_____
Mother Home Phone (if different)

_____
Mother Cell Phone

_____
Mother Email

_____
Mother Employer & Work Phone

Authorized to Pick Up? (circle)   YES   NO

Additional Contact Information

Student Name (First, Middle, & Last): _____

In the event of an emergency, the parental contact information on the previous page will be used first. The space below should be used for additional contacts.

Contact #1

_____
Contact 1 Name (First & Last)

_____
Contact 1 Address

_____
Contact 1 Home Phone

_____
Contact 1 Cell Phone

_____
Contact 1 Email

_____
Contact 1 Employer & Work Phone

_____
Contact 1 Relationship to Student

Authorized to Pick Up? (circle)   YES   NO

Contact #2

_____
Contact 2 Name (First & Last)

_____
Contact 2 Address

_____
Contact 2 Home Phone

_____
Contact 2 Cell Phone

_____
Contact 2 Email

_____
Contact 2 Employer & Work Phone

_____
Contact 2 Relationship to Student

Authorized to Pick Up? (circle)   YES   NO

Contact #3

_____
Contact 3 Name (First & Last)

_____
Contact 3 Address

_____
Contact 3 Home Phone

_____
Contact 3 Cell Phone

_____
Contact 3 Email

_____
Contact 3 Employer & Work Phone

_____
Contact 3 Relationship to Student

Authorized to Pick Up? (circle)   YES   NO

Contact #4

_____
Contact 4 Name (First & Last)

_____
Contact 4 Address

_____
Contact 4 Home Phone

_____
Contact 4 Cell Phone

_____
Contact 4 Email

_____
Contact 4 Employer & Work Phone

_____
Contact 4 Relationship to Student

Authorized to Pick Up? (circle)   YES   NO

School Nurse Health Information and Emergency Contact (Must be completed annually)

Student's Name:_____ Date of Birth:_____ Teacher/Grade:_____

Before/After school: yes/no   Parent/Guardians: _____

Emergency Numbers: (*List in the order to be called*)

Name   Relationship   Daytime #

_____   _____   _____

_____   _____   _____

_____   _____   _____

Physician_____ Office Phone _____ Hospital Preference:_____

Insurance Company:_____ Policy Number:_____

Head injury/Concussion within the past year: yes   no

If yes, Date and description of injury: _____

Drug Allergy(s):   None known   Yes (list) _____

Asthma Triggers: environmental   seasonal   exercise induced   Inhaler at school-   yes   no

MD order required   Inhaler location: Carried by student (must be on MD order)   Classroom   Nurse's office

---

Diabetes   Type I   Type II Diagnosis Date: _____   Insulin by: Pump   Injections

Diabetes Care Plan: yes   independent with all care   Glucagon: yes   no

Please call for Nurse Conference- Notify your school nurse and principal immediately if newly diagnosed

---

Food Allergy: Peanuts   Tree nuts   Milk   Other _____

Date/Type of Last Reaction: _____

Student Needs during school day: _____

Diet/Medication Orders signed by MD required

Severe Sting Allergy:

Date/Type of Last Reaction: _____

Notify your school nurse and principal immediately if anaphylaxis may occur

---

Seizures:

   controlled with medication   medication needed at school   no medication needed at school

Date and type/description of last seizure: _____

Other conditions or information to help us better serve your child: _____

_____

Does your child take routine medication(s)   yes   no   List meds: _____

Does your child need medication(s) at school?   yes   no   List meds: _____

If your child needs medication (prescription or over the counter) during the school day, a medication consent form is required to be signed by the health care provider and the parent/guardian. **Medication cannot be given at school until appropriate consents have been received.

I authorize all emergency transportation, medical and surgical treatment, X-ray, laboratory, anesthesia, and/or medical or hospital procedures as may be performed or prescribed by the attending physician and/or paramedic for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian: _____   Date: _____

A health care provider's written diagnosis is required in order for an Individualized Healthcare Plan to be developed by the school nurse. Also, please let your school nurse know if your child participates in extracurricular school activities.

This page is intentionally left blank.

Educational History

Student Name (First, Middle, & Last): _____

List other schools your child has attended, starting with the most recent:

_____	_____
School 1 Name	School 2 Name
_____	_____
Grade Level(s)	Grade Level(s)
_____	_____
Address	Address
_____	_____
School 3 Name	School 4 Name
_____	_____
Grade Level(s)	Grade Level(s)
_____	_____
Address	Address

Student's extracurricular interests, abilities, and achievements: _____

_____

_____

_____

_____

_____

Is the student currently served by an IEP or 504 Plan? _____

_____

_____

_____

This page is intentionally left blank.

I hereby request release of all academic records, including achievement tests, health records, and any other school documents to American Renaissance School for the following student:

School Name: _____

School Address:_____

School Phone: _____

School Fax: _____

Student Name (First, Middle, & Last): _____

Grade (most recently completed @ above school): _____

Parent Signature: _____

Date:_____ / _____ / 20_____

Please send all academic records and related school documents by mail, fax, or email to:

Grades K-5:
American Renaissance School
132 E. Broad St.
Statesville, NC 28677
Fax: 704-873-1398
Email: durhams@arsnc.org

Grades 6-8:
American Renaissance School
217 S. Center St.
Statesville, NC 28677
Fax: 704-878-9350
Email: waugha@arsnc.org

This page is intentionally left blank.

American Renaissance School
Home Language Survey

Student Information

Student Name (First, Middle, & Last): _____

Country of Birth: _____

Date first enrolled in **any** U.S. school (Private or Public; not Pre-K): _____

Did the student leave the U.S. for any school year after the above date? _____

_____

Current School: _____

School Enrollment Date: _____

Current Grade: _____

Questions for Parents / Guardians

What is the first language the student learned to speak? _____

What language does the student speak most often? _____

What language is most often spoken in the home? _____

_____

FOR OFFICE USE ONLY:

Person Reviewing this Survey: _____

Determination:
Student's home language: _____

If the language is other than English, the English language proficiency test should be administered.

Administer the English language proficiency test? (circle)   YES   NO

This page is intentionally left blank.

American Renaissance School
Photo & Video Release Form

I grant American Renaissance Middle School, Inc., d/b/a American Renaissance School, the unlimited right to use and/or reproduce photographs*, likenesses, or the voice of my child in any legal manner and for the internal or external promotional and informational activities of American Renaissance School. I also agree to allow my child to be interviewed and/or photographed* by representatives of the external news media and American Renaissance School in relation to any and all coverage of ARS. I also allow my child's work and/or photograph* to be published on the ARS website/Intranet web pages and in ARS publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s) including print, electronic, and online media.

Student Name (First, Middle, & Last): _____

Parent / Guardian Signature: _____

Date:_____ / _____ / 20_____

Parent / Guardian Name (print): _____

Parent / Guardian Address: _____

*"Photograph" in this Release Form is intended only to refer to photos and videos of your child alone. Group photographs and videos (two or more children), with no additional identifying information, are considered Directory Information, which may be released at the school's discretion per FERPA guidelines.

This page is intentionally left blank.

American Renaissance School
Military Connected Students

In an effort to ensure that the unique needs of military-connected students are met, Session Law 2014-15 requires the North Carolina State Board of Education/North Carolina Department of Public Instruction to collect information on military-connected students. The goal is to help accommodate these students by providing them with support and consistency when their parents are deployed, when they are transitioning between schools, and at other pivotal times during their academic career.

This mandatory collection started in the 2015-16 school year. The Session Law 2014-15 that describes this requirement can be accessed at: http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H1060v3.pdf.

To ensure compliance with Session Law 2014-15, please complete the following information:

Is an immediate family member of your child connected to the U.S. Military, including Active Duty, National Guard and Reserves, Retired Military, Disabled Veteran, or a Federal Civil Service Employee?

"Immediate family member" is defined as a parent, step-parent, sibling, guardian, or any other person that would normally live in the same household as the child.

_____ Yes   _____ No

If Yes, please complete the informant information for each family member below.

Example and Options:

Relationship	Branch	Status	Grade	Military Installation
Father	Army	Active Duty	E-4	Fort Bragg

Branches: Air Force, Army, Coast Guard, Marine Corps, Navy
Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service
Installation: The facility where the service member fulfills their duty role in the military.
         (ex., Fort Bragg, NG Raleigh Armory, Knightdale Reserve Center, etc.)
Grade: Enlisted (E-1 through E-9), Officer (O-1 through O-10), Warrant Officer (W-1 through W-5)

Student Name (First, Middle, & Last): _____

Relationship	Branch	Status	Grade	Military Installation

Attach additional pages as necessary.

This page is intentionally left blank.

American Renaissance School
Permission for Local Walking Field Trips

As a Downtown Community School, ARS teachers and staff members often take students off-campus in the Historic Downtown Statesville district. Destinations may include city parks, the Iredell County Public Library, shops and businesses in downtown, and ARS Campuses on E. Broad St., S. Center St., and Tradd St.

By signing below, you authorize ARS teachers and/or staff members to accompany your child to the destinations described above for the duration of your student's enrollment at ARS. Any trip involving vehicle transportation or destinations outside the Historic Downtown Statesville district will require specific and additional permission forms.

Student Name (First, Middle, & Last): _____

Parent Name (print):_____

Parent Signature: _____

Date: _____ / _____ / 20_____