



The Admissions Process

- 1. Parent Classroom Observation and Interview With Director** – Parent visits to the classroom provide an opportunity for parents to observe the teachers and students engaged in the learning process. Following the parent classroom observation parents can meet with the Director or Admissions Director. The school representative will not only discuss the child’s school history, but also review Renaissance Academy’s philosophy, structure, curriculum, school expenses, and schedules. At that time, a date may be set for a child classroom visitation, provided the preliminary application information has been completed.
- 2. Child Classroom Visitation** – Following the classroom observation by the parent, the child will visit the classroom in a time frame that allows assessment on behalf of the family and the Renaissance instructors. During this time students will fully participate in the activities of the class, both at school and at home. During this visit teachers will observe, collect and evaluate student work to decide the appropriateness of a placement in the school.
- 3. Testing** – For students entering Renaissance Academy at age 6 and older, we recommend the Weschler Intelligence Scale for Children-IV or an equivalent. Testing allows the instructors to better understand your child, his/her learning style, strengths and weaknesses, and provides the necessary tools needed to develop an individualized curriculum for him/her. However, we will accept a recommendation from a previous Gifted/Talented program in lieu of testing.
- 4. Application/Application Fee/Admission Deadlines, Decision and Notification** – Renaissance Academy accepts applications at any time during the year, but encourages applicants to submit the application and complete the admission process by March 1 for the following school year. Students submitting completed applications by March 1st will be notified by April 1st. Completed applications received after the March 1st deadline will be reviewed and evaluated in a manner and time consistent with the practices of the Admission Staff. Students and parents are still required to complete the other elements of the admission process. **The \$20.00 application fee must be submitted with the application.**

Division IV and V applicants:

- The enclosed **School Report and Transcript** should be signed by the parents, and taken to the applicant’s current school so that we may gain access to the student’s records, including standardized testing, for the two years prior. Transcripts should be sent directly from the school to Renaissance Academy. Transcripts will not be accepted from the family.
- Math and English Teacher Recommendations** are included in the application, and should be given to the student’s teachers, along with a stamped envelope. The teacher will send the form directly to Renaissance Academy.

FOR OFFICE USE ONLY

Name _____ Date Received _____ Division Plus _____

Division _____ DI--3-day _____ DI--2-day _____ School Year _____ Fee Paid _____ Child Visit Date _____

Teacher Recommendation _____ Math Recommendation _____ English Recommendation _____

Testing Done? _____ Acceptance/Denial Letter _____ Deposit received _____

Enrollment Agreement received _____ Welcome Aboard Letter _____

Family Information Form received _____ Email Added to List Server _____ Start Date _____

Renaissance Academy

Student Information

Full Legal Name _____
(last) (first) (middle)

Date of Birth _____ Social Security # _____ - -
(month/day/yr)

Age _____ Current Grade _____

Student Photo

What division are you applying for? _____ If Division I or Division II do you want full-time, 3-day, or 2-day? _____

Permanent Address _____
number street apt#
city state zipcode

School History

Current School _____ Public Independent Parochial
Address _____
street city state zipcode
Contact Person _____ Phone _____
area code number
Years Attended _____

Previous School _____ Public Independent Parochial
Address _____
street city state zipcode
Contact Person _____ Phone _____
area code number
Years Attended _____

Previous School _____ Public Independent Parochial
Address _____
street city state zipcode
Contact Person _____ Phone _____
area code number
Years Attended _____

Counseling Information

Has your child ever consulted or been referred to a professional for psychological testing, counseling, family therapy, or psychotherapy?

Yes

No

If Yes, please complete the information below.

Individual's Name _____ Phone _____
area code number

Address _____
number street city state zipcode

Description _____ from _____ to _____

Individual's Name _____ Phone _____
area code number

Address _____
number street city state zipcode

Description _____ from _____ to _____

The Director will contact these persons to gather relevant information. This information will be kept by the school. Please sign here to grant the school permission to contact the person(s) listed above. Please also contact the person(s) directly and grant permission for release of this information. YOUR CHILD'S APPLICATION WILL NOT BE COMPLETE WITHOUT THIS SECTION.

Signature _____ Date _____

Medical Information

Is your child currently taking medication prescribed by a physician for a psychological/neurological condition?

If Yes, please complete the information below.

Yes

No

Physician's Name _____ Phone _____
area code number

Address _____
number street city state zipcode

Description _____

The Director will contact the physician to gather relevant information. This information will be kept by the school. Please sign here to grant the school permission to contact the physician listed above. Please also contact the physician directly and grant permission for release of this information. YOUR CHILD'S APPLICATION WILL NOT BE COMPLETE WITHOUT THIS SECTION.

Signature _____ Date _____

Parent Statement

Full Legal Name of Applicant _____
(last) (first) (middle)

Name of parent(s) completing this form _____

Instructions: At Renaissance Academy parents are an integral part of the support system that helps to insure the success of our students. Please assist us by telling us about your child. On a separate page, please describe your child's personality, as well as his or her academic and personal strengths and weaknesses. Also please describe your expectations of Renaissance Academy.

Signature of Parent _____ Date _____

Please send application with \$20.00 application fee to 2760 Fieldstone Rd, Colorado Springs, CO 80919.