



The Renaissance Preparatory School - Admissions

66-68 Gordon Street
San Fernando.
Trinidad and Tobago.
868-223-2975 /482-5919

(Request for a place on the waiting list)

Please fully complete all sections accurately. All information required below must be completed and supporting records, reports and transcripts must be provided in English for the application to be considered.

Class Level for which your child is applying:			Planned date of entry into TRPS:		Passport-size photo
Family Name :		First Name:		Middle Name:	
Preferred Name (if different):			Other Name		
Birth date:		Age:	Sex:	Religion:	
Country of Birth:		Citizenship:		Passport No.:	
Non Citizens	Applicant's Visa Number:	Visa Type:	Visa Expiry:		

Schools Attended: Please begin with present school and list all schools your child has attended.				
Name of School	City/Country	Language of Instruction	Years attended (month/year)	Grade completed

Has applicant previously applied to or attended TRPS?	If yes, give dates: to
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Family Information:

FATHER Last, First & Middle Name:			MOTHER Last, First & Middle Name:	
Address				
Nationality:			Nationality:	
Country of Birth:			Country of Birth:	
Employer:			Employer:	
Position/Title:			Position/Title:	
Address of the employer:			Address of the employer:	
Full time resident in Trinidad?			Full time resident in Trinidad?	
Location	Telephone Number	Fax Number	Mobile Phone Number	Email Address
Home:				
Work (father):				
Work (mother):				



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Other children in the Family:

Name	Age	Sex	Current School

Language Background:

Applicant's first language:	Primary Language spoken at home:
Father's first language:	Mother's first language:

Parent's assessment of applicant's fluency in English (check with a ✓) – Non citizens where English is not the first language.

	Fluent	Sufficient	Beginner	None
Spoken English:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing ability in English:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency contact person and telephone number for the school to use when it is not possible to contact parents

Name	Address	Phone Number	Mobile Phone Number	Email Address

Send invoice to (please ✓):	Father's Company: <input type="checkbox"/>	Mother's Company: <input type="checkbox"/>	Home: <input type="checkbox"/>
Send Correspondence to (please ✓):	Home Address: <input type="checkbox"/>	Home Email: <input type="checkbox"/>	Other: <input type="checkbox"/>

Personal History:

Please provide any additional information that may be helpful in assisting us to understand and plan for your child's educational program at TRPS. Please comment on any:

Medical or physical problems/conditions that could affect participation in classes or activities:
Academic difficulties experienced by the applicant:
Extra-curricular activities (i.e. sports, music, drama, clubs etc.) this student has participated in:



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Please describe those strengths or weaknesses that your child's teacher should know in order to assist him/her.

Educational Services History:

1. Has your child ever been diagnosed with a learning disability, behavioral or emotional disability or any other disability?

2. Has your child ever received any of the following special services? If yes, please ✓

English as a second language instruction

Learning disability program

Other remedial program

Speech/language therapy

Counseling

Gifted/talented/Honors program

Limited vision and /or hearing program

Other (please explain)

3. Has your child ever been evaluated by a psychologist, speech/language therapist, educational diagnostician or other specialist?

If yes, which specialist and for what reasons? Please provide a copy of these reports.

4. Has your child ever repeated a grade in school?

If yes, please explain

5. Have you provided records of information from previous schools or agencies which will assist us in establishing the best educational placement for your child?

6. Does your child require any medication prescribed by a physician to aid the learning process?

If yes, please explain:

7. Has your child ever been asked to leave or been expelled from a school?

If so, please explain:

Please be advised that any placement at TRPS is conditional on the student's ability to perform satisfactorily in the grade level and/or program assigned.

PARENT EDUCATION LEVEL Select the education level of the student's *most highly educated* parent or guardian. Check *one*.

1. Not a University graduate

2. Some Secondary school

3. Post graduate training

4. University graduate

5. Secondary school graduate

6. Decline to state / unknown

MEDIA PERMISSION

I/We GIVE permission for my/our student to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on the school compound. Yes No



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HEALTH INVENTORY

Student's
Physician

Doctor's Name Street Address City Area Code and Phone Number

Student's
Dentist

Dentist's Name Street Address City Area Code and Phone Number

HEALTH INSURANCE Yes No

If yes, Name of Insurance Company _____ Policy Number(optional) _____

PERMISSION FOR MEDICAL RECORDS

I/We GIVE consent to The Renaissance Preparatory School to receive from or send to the doctors listed above any information concerning the health and safety of my child. (Doctors or dentists may also require parent permission to release information.)

Yes No

HEALTH PROBLEMS

 Check all that apply.

- | | | | |
|-----------------------------------|---|---------------------|--------------------------|
| Diagnosed ADD or ADHD | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Eye Injury | <input type="checkbox"/> |
| Bladder Problems | <input type="checkbox"/> | Hypoglycemia | <input type="checkbox"/> |
| Bleeding Disorder | <input type="checkbox"/> | Frequent Nosebleeds | <input type="checkbox"/> |
| Color Vision Deficiency | <input type="checkbox"/> | Scoliosis | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Seizure Disorder | <input type="checkbox"/> |
| Eczema/Skin Trouble | <input type="checkbox"/> | | |
| History of Ear Problem | <input type="checkbox"/> Describe _____ | | |
| Heart Problem | <input type="checkbox"/> Describe _____ | | |
| Head Injury | <input type="checkbox"/> Describe _____ | | |
| History of Fracture | <input type="checkbox"/> Describe _____ | | |
| History of Hospitalization | <input type="checkbox"/> Describe _____ | | |
| History of Surgery | <input type="checkbox"/> Describe _____ | | |
| Known Hearing Loss | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> | | |
| Known Vision Loss | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> | | |
| Physical Limitations | <input type="checkbox"/> Describe _____ | | |
| Wears Contact Lens | <input type="checkbox"/> | | |
| Wears Glasses | <input type="checkbox"/> For close work <input type="checkbox"/> For distance only <input type="checkbox"/> At all times <input type="checkbox"/> | | |
| Wears Hearing Aide | <input type="checkbox"/> Right ear <input type="checkbox"/> Left ear <input type="checkbox"/> | | |
| Other or further details of above | _____ | | |

ALLERGIES

 Check all that apply.

- | | | |
|---------------------------------|------------------------------------|---|
| None <input type="checkbox"/> | Animals <input type="checkbox"/> | List specific item(s) student is allergic to: _____ |
| Food <input type="checkbox"/> | Insects <input type="checkbox"/> | Describe allergic reaction or treatment: _____ |
| Drugs <input type="checkbox"/> | Bee Sting <input type="checkbox"/> | _____ |
| Plants <input type="checkbox"/> | Other <input type="checkbox"/> | _____ |

CURRENT MEDICATION(S) Yes No

If yes, Name of Medication(s)	Dosage	Time Taken	Purpose
_____	_____	_____	_____
_____	_____	_____	_____



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EMERGENCY CONTACTS

List two *local* contacts to whom the student may be released in the case of illness or other emergency if unable to notify parent.

Name _____	Name _____
Phone _____	Phone _____
Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday	Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday
Cell Phone _____	Cell Phone _____
Relationship _____	Relationship _____

In the event of a disaster, if parents or emergency contacts are not available, my son/daughter may be released to an adult familiar to him/her. Yes No

Agreement:

The parent's signature below constitutes agreement with the following:

1. In accordance with the school's Philosophy, it is required that at least one parent or an officially appointed guardian be a full time resident in Trinidad and Tobago.
2. The parent and student will abide by the school's established policies and procedures.
3. The parent understands that classes take field trips to take advantage of the cultural and environmental resources of Trinidad and Tobago, as part of the regular educational program. All school trips will be supervised by staff members and/or other responsible adults who will exercise all reasonable caution. However, the parent agrees that the school and/or the School Board cannot accept any liability for accidents either en route, or at the activity or outing itself.
4. The parent understands and agrees that individual academic and/or diagnostic testing may be administered as necessary to the child. Parents will be notified of such testing.
5. Unless you request otherwise in writing, your child's name, grade, home telephone number and email address will be printed in the school directory and class register.
6. The parent understands that student bags in classes 5, 6 and 7 are subject to mandatory random inspections.
7. The parent grants permission to the TRPS to obtain emergency medical treatment for their child in the event that the parent cannot be contacted.
8. The parent grants permission to use the applicant's picture in print or digital promotions for the school.
9. The parent has provided information without omission or falsification and has provided all supporting documents to complete the application.
10. The parent grants TRPS permission to send emails to them containing regular school updates and announcements.
11. I grant permission for exchange of school records and any confidential information between TRPS and the Ministry of Education Trinidad and Tobago.

Notes:

Early registration is recommended. Offers of places are subject to availability and to the admission requirements of the school at the time of offers are made. Preference will be given to siblings and children of ex-pupils but this priority cannot be effected where a definite place has been agreed between the School and other candidates.



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DECLARATION

I/We have reviewed this document and to the best of my/our knowledge the information contained herein is true and complete.

I/We request that the name of our above-named child be registered as a prospective pupil. A cheque/cash made payable to the Trinidad Renaissance School for the non-returnable registration fee of \$150.00 is enclosed. We understand that the standard terms and conditions of the school will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the school.

The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

(The **signatures of BOTH parents** are needed unless a single parent or guardian has sole legal custody. **If you are a single parent with sole legal custody, please circle your name and submit a copy of the court order authorizing sole custody to the school.**)

PRIMARY PARENT OR GUARDIAN (from page one)

PRIMARY PARENT OR GUARDIAN (from page one)

Please Print Full Name

Please Print Full Name

Signature

Signature

Phone

Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

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For Official Use

Date of Interview: _____

Interviewed By: _____

Date Application Received: _____

Receipt Number: _____

Date of Offer / Negative response: _____