## The Renaissance Charter High School for Innovation Application for 2015-2016 School Year

Now Accepting Applications for Grades 9-12 Applications must be received by April 1st, 2015.

Please submit all of the following information below:

How did you find about Innovation?

Student's Full Name (last,	, first, middle initial):	
Address (city, state, zip co	de)	
Does the Student live in NYC Community School District 4? Yes No		
Date of Birth (month, date	e, year)	
Gender: Male	Female	
Home Language/Best Lan	guage to Contact Home:	
Parent/Guardian:	Full Name (last, first, middle initial)	Relationship to student
-	Phone Number (home, work, mobile)	Email Address
	Address (city, state, zip code)	
Student's Schooling Background:		
Student's Current School		
What is the student's curr NYC Student ID Number	rent grade? (if known)	
program and understand	nission to The Renaissance Charter High School for Innova the school's philosophy. We believe it would be a good edu ined in this application is, to the best of our knowledge, co	acational setting for our child. We affirm
	ecords for the student whom I am submitting this applicationly aggregate outcomes, not individual outcomes, will be a data purposes."	
Parent/Guardian Signatu	ire:	
Date (month, date, year):		
for Innovation does not d disability. We welcome a	High School for Innovation is a non-sectarian, public scholiscriminate against any student on the basis of ethnicity, n pplications of students with special needs, students with di ions, please call our Main Office at (212) 722-5871 (	national origin, religion, gender or sabilities, and English Language Learners.
	The Renaissance Charter High School t., New York, NY 10029 or by	for Innovation, fax to: (646) 430-8555
Optional (for data collect How do you self-identify	ion purposes only, not required for application)	
Asian or Pacific Islan Hispanic Black, not of Hispan White, not of Hispan Native American or	nic Origin nic Origin	