|  |  |
| --- | --- |
|    | Application Form2017-2018 School Year  |



Mail to: 1000 South Commons Drive Suite 102-329
Myrtle Beach, SC 29588

843-800-0590| [www.renaissanceprepMB.org](http://www.renaissanceprepMB.org) | renaissance.headmaster@gmail.com

The

Renaissance

Preparatory

Academy

**Curiosum**

**Humanitas**

**Fortitude
Opus**


# New Student Application

We appreciate that you have chosen The Renaissance Preparatory Academy for your child. Please complete this packet of information entirely and submit it to the office in order to be considered for enrollment.

1. Complete/read the forms as indicated below.
2. Submit $100 application fee with the application form.
3. Schedule student visitation.
4. Once the application has been received, it will be reviewed and you will be notified to schedule your child’s interview. This is a two-step process: 1) the Initial Application and 2) Reserving Your Space. Failure to follow through and reserve your space releases that space reservation to another student.

## A Completed Initial Application includes the following:

 [ ]  Application

 [ ]  Applicant Information Form

 [ ]  Childhood Health History Form

 [ ]  Pre-Enrollment Medication Form/health exam

 [ ]  Parent Input Form

 [ ]  Student Input Form

 [ ]  Current Teacher Recommendation Form

 [ ]  Transcripts from all Schools Previously Attended

 [ ]  Copies of Standardized Tests Results for Tests Taken within last 3 months.

## Final Registration requires the submission of or evidence of ordering and payment of:

##### [ ]  Uniform Agreement and Order Form

##### [ ]  Tuition Agreement and Commitment Form

##### [ ]  Registration Fees (Books, Location, and Registration)

##### [ ]  Tuition Deposit (20% of Tuition Bill)

## **Non-Discrimination Policy**

The Renaissance Preparatory Academy admits students including those of any protected category of the United States of America to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships and financial aid programs, and athletic and other school-administered programs with the exception that underrepresented students are given a slight advantage when two applications are submitted at the same time. It fully supports the non-discrimination policies of its fiscal sponsor, The Social Good Fund, [www.socialgoodfund.org](http://www.socialgoodfund.org).

**Basically, if you want to learn, can learn in our program, can follow our honor code, and can pay for it; then we want to provide this opportunity to you.**

**We have limited space for enrollment, so acceptance into a class is on a first come first serve basis.**

**Waitlists are used when too many want the limited space in a single class. Once a new class is established or room opens in the initial class, then waitlisted students are admitted.**

# Applicant Information Form

## **STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Last*** NameClick here to enter text. | First NameClick here to enter text. | Middle NameClick here to enter text. | NicknameClick here to enter text. |
| Date of BirthClick here to enter a date. | GenderChoose an item. | Home PhoneClick here to enter text. |
| Street AddressClick here to enter text. | TownChoose an item. | StateClick here to enter text. | Zip CodeClick here to enter text. |
| Name of Previous SchoolClick here to enter text. | Street AddressClick here to enter text. | TownChoose an item. | StateClick here to enter text. |
| Dates Attended FromClick here to enter a date. | ToClick here to enter a date. | Grade or Program CompletedClick here to enter text. |
| Does the student live full time with both parents?Choose an item. | If not, please describe custody arrangement & Provide documentation.Click here to enter text. |
| First Name of Sibling 1Click here to enter text. | Last Name of Sibling 1Click here to enter text. | Sibling 1 Birth DateClick here to enter text. | Current School/Day CareClick here to enter text. |
| First Name of Sibling 2Click here to enter text. | Last Name of Sibling 2Click here to enter text. | Sibling 2 Birth DateClick here to enter text. | Current School/Day CareClick here to enter text. |
| First Name of Sibling 3Click here to enter text. | Last Name of Sibling 3Click here to enter text. | Sibling 3 Birth DateClick here to enter text. | Current School/Day CareClick here to enter text. |

## **PARENT /GUARDIAN INFORMATION**

Enrolling Local Parent/Guardian

|  |  |  |
| --- | --- | --- |
| Last NameClick here to enter text. | First NameClick here to enter text. | Relationship to StudentChoose an item. |
| Home Street Address Click here to enter text. | Home TownChoose an item. | Home State & Zip CodeClick here to enter text. |
| Mobile PhoneClick here to enter text.Texting Messages ok? Choose an item. | Work PhoneClick here to enter text. | Home PhoneClick here to enter text. |
| Email Click here to enter text. | Drivers Licenses # & StateClick here to enter text. |
| Employer NameClick here to enter text. | Employer Street AddressClick here to enter text. | Employer Town, State & Zip CodeClick here to enter text. |

Additional Parent/Guardian with Financial Responsibility

|  |  |  |
| --- | --- | --- |
| Last NameClick here to enter text. | First NameClick here to enter text. | Relationship to StudentChoose an item. |
| Home Street Address Click here to enter text. | Home TownChoose an item. | Home State & Zip CodeClick here to enter text. |
| Mobile PhoneClick here to enter text.Texting Messages ok? Choose an item. | Work PhoneClick here to enter text. | Home PhoneClick here to enter text. |
| Email Click here to enter text. | Drivers Licenses # & StateClick here to enter text. |
| Employer NameClick here to enter text. | Employer Street AddressClick here to enter text. | Employer Town, State & Zip CodeClick here to enter text. |

## **EMERGENCY CONTACTS & PICKUP AUTHORIZATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Emergency Contact 1 | Emergency Contact 2 | Emergency Contact 3 |
| **Name** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Authorized to Pick Up** | Choose an item. | Choose an item. | Choose an item. |
| **Relationship** | Choose an item.If “Other” Clarify Click here to enter text. | Choose an item. If “Other” Clarify Click here to enter text. | Choose an item.If “Other” Clarify Click here to enter text. |
| **Address** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Phone** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Alt. Phone** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## **MEDICAL INFORMATION**

|  |
| --- |
| Name of Child’s PhysicianClick here to enter text. |
| Physician’s Street AddressClick here to enter text. | Physician’s Town Choose an item. | Physician’s PhoneClick here to enter text. |
| List Any AllergiesClick here to enter text. |

## **PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
Parent/Guardian 1 Signature Date Parent/Guardian 2 Signature Date

OFFICE USE ONLY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School/classChoose an item. | Term Click here to enter text. | Start Date Click here to enter a date. | Program/GradeChoose an item. | School Year2017-2018 |

# **Childhood Health History**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Last*** NameClick here to enter text. | First NameClick here to enter text. | Middle NameClick here to enter text. | NicknameClick here to enter text. |
| Date of BirthClick here to enter a date. | GenderChoose an item. | Today’s DateClick here to enter a date. |
| **Child’s Health History** |
| Name of Doctor/Clinic:Click here to enter text. | Address/City/ StateClick here to enter text. | PhoneClick here to enter text. |
| Were there any significant problems during pregnancy or birth? [ ] NO [ ] YES, Please Explain: |
| Click here to enter text. |
| Has your child had surgery or been hospitalized? [ ] NO [ ] YES, Please Explain: |
| Click here to enter text. |
| Date last seen by a healthcare provider (for reasons other than immunizations): Click here to enter a date. |

**Medication**

|  |
| --- |
| Does your child take medication on a regular basis? [ ] NO [ ] YES, Please Explain: |
| Why? Click here to enter text. |
| Names of medication(s), dosage and when taken: Click here to enter text. |
| Has your child had any of the following? |  | Age of child or date of incident |
| Asthma | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Other breathing problems | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Seizures or other neurological problems | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Heart or other cardiovascular problems | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Bladder or urinary tract problems | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Bowel or other GI problems | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Bone or joint problems | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Eczema or skin problems | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Frequent ear infections or tubes | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Other ear, nose, or throat problems | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Tuberculosis exposure | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Chicken Pox or vaccination for such | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Diabetes or other endocrine problems | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Injury or abuse | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Car sickness | [ ] NO  | [ ] YES, describe: Click here to enter text. |
| Other describe: Click here to enter text. |
|  |

## **Nutrition History**

Is there any food or drink that your child should not ear for cultural, religious, personal reasons or medical reasons **other than allergies**? ***(Note: use the allergy chart on the next page to list any allergies to food or drink.)*** [ ]  YES: list below [ ]  NO, skip to next question

|  |  |
| --- | --- |
| Name of Food/Drink | Reason |
| Click here to enter text. | [ ] Cultural [ ] Religious [ ]  Personal [ ]  Medical/describe |
| Click here to enter text. | [ ] Cultural [ ] Religious [ ]  Personal [ ]  Medical/describe |
| Click here to enter text. | [ ] Cultural [ ] Religious [ ]  Personal [ ]  Medical/describe |
| Click here to enter text. | [ ] Cultural [ ] Religious [ ]  Personal [ ]  Medical/describe |
| Click here to enter text. | [ ] Cultural [ ] Religious [ ]  Personal [ ]  Medical/describe |
| Does your child have any problems with chewing or swallowing? [ ] NO [ ] YES, Please Explain: |
| Click here to enter text. |
| Check the box if you have concerns about your child’s  |  [ ]  eating habits [ ]  Height [ ]  Weight |
| Please Describe: Click here to enter text. |

**Allergy History**

Does your child have allergies or reactions (including intolerances) to food, medicine, insects, animals or other substances? [ ]  YES: list below [ ]  NO, skip to next question

**Allergy Chart** : Note: If your child has a food or milk allergy, we must have written documentation of the allergy from the doctor. For milk allergies, the doctor must also name a substitute for the milk.

|  |  |
| --- | --- |
| Do you keep epinephrine (epi-pen) available at home for your child’s allergy? | [ ]  YES[ ]  NO |
|  |
| **List each allergy or food separately** | **Briefly check symptoms or clarify under food item listed** | **Potential Severe Reaction\*** | **Doctor/ Date of Diagnosis** |
| Click here to enter text. | [ ]  Hives | [ ]  Wheezing | [ ]  Runny Nose | [ ]  Shortness of Breath | [ ]  YES | [ ]  NO | Click here to enter text.Click here to enter a date. |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| **List each allergy or food separately** | **Briefly check symptoms or clarify under food item listed** | **Potential Severe Reaction\*** | **Doctor/ Date of Diagnosis** |
| 1. Click here to enter text.
 | [ ]  Hives | [ ]  Wheezing | [ ]  Runny Nose | [ ]  Shortness of Breath | [ ]  YES | [ ]  NO | Click here to enter text.Click here to enter a date. |
| 1. Click here to enter text.
 | [ ]  Hives | [ ]  Wheezing | [ ]  Runny Nose | [ ]  Shortness of Breath | [ ]  YES | [ ]  NO | Click here to enter text.Click here to enter a date. |
| 1. Click here to enter text.
 | [ ]  Hives | [ ]  Wheezing | [ ]  Runny Nose | [ ]  Shortness of Breath | [ ]  YES | [ ]  NO | Click here to enter text.Click here to enter a date. |

***\*If the allergy has the potential to be severe, the child’s health care provider should complete a medical statement and an allergy care plan should be completed.***

|  |
| --- |
| Additional information about allergies: |
| 1. Click here to enter text.
 |
| 1. Click here to enter text.
 |
| 1. Click here to enter text.
 |

## **Dental History**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of dentist:Click here to enter text. | Date last seen by dentist:Click here to enter a date. | City/State:Click here to enter text. | Phone Number:Click here to enter text. |
| How would you rate your child’s dental health? | [ ] Very Good | [ ] Good | [ ] Fair | [ ] Bad | [ ] Very Bad |
| Has your child ever had an injury to the teeth or gums?Describe: Click here to enter text. | [ ] NO | [ ] YES |
| Has your child complained about pain in the teeth or gums? | [ ] NO | [ ] YES |
| Is there fluoride in the water at your home, or is your child taking a prescribed fluoride supplement? | [ ] NO | [ ] YES |

## **Parental Health Concerns**

|  |  |  |
| --- | --- | --- |
| Do you have any concerns about your child’s vision?Explain: Click here to enter text. | [ ] NO | [ ] YES |
| Do you have any concerns about your child’s hearing?Explain: Click here to enter text. | [ ] NO | [ ] YES |
| Do you have any concerns about your child’s speech?Explain: Click here to enter text. | [ ] NO | [ ] YES |
| Do you have any concerns about your child’s behavior?Explain: Click here to enter text. | [ ] NO | [ ] YES |
| Do you have any concerns about your child’s development?Explain: Click here to enter text. | [ ] NO | [ ] YES |
| Do you have any other concerns about your child?Explain: Click here to enter text. | [ ] NO | [ ] YES |

|  |
| --- |
| Additional information regarding concerns: Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

# **PARENT QUESTIONNAIRE**

*To be completed by parent or guardian*

Student Name: Click here to enter text. Date of Birth: Click here to enter a date.

School or program Student is currently attending: (if applicable) Click here to enter text.

What are the first three words that come to mind when describing your child0?

 Click here to enter text. Click here to enter text. Click here to enter text.

What do you see as your child’s strengths?

Click here to enter text.

What are your child’s favorite subjects in school?

Click here to enter text.

Click here to enter text.

What do you see as your child’s social and academic challenges if there are any?

Click here to enter text.

Click here to enter text.

What educational and social goals do you have for your child?

Click here to enter text.

Click here to enter text.

Please list outside hobbies, sports, and other interests your child is presently or has formerly participated or been interested in:

Click here to enter text.

Click here to enter text.

Check the words that best describe your child:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Confident | [ ] Creative | [ ]  Perfectionist | [ ] Mature | [ ]  Negative Leader  |
| [ ]  Organized | [ ]  Irritable | [ ]  Manipulative | [ ] Honest | [ ] Easily Discouraged |
| [ ] Articulate | [ ] Follower | [ ]  Attentive | [ ]  Social | [ ] Over-protected |
| [ ] Cheerful | [ ] Vivacious | [ ]  Responsible | [ ]  Shy | [ ] Self-disciplined |
| [ ] Oppositional | [ ]  Anxious | [ ]  Aggressive | [ ]  Helpful | [ ]  Conscientious |
| [ ] Enthusiastic | [ ] Immature | [ ]  Perfectionist | [ ] Curious | [ ] Positive Leader |

Parent/Guardian/Sponsor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

# **STUDENT INPUT**

*To be completed by student in own handwriting*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apply for Grade \_\_\_\_\_\_\_\_\_\_

Current School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. School Activities
2. Other Activities

What is your favorite subject in school and why do you like it?

What do you like about school?

What do you like least about school?

Tell us about your family.

Please complete the following sentences:

I like it best when a classroom is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Something surprising about me is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My greatest strength is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

When I grow up I want to be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

# **TEACHER RECOMMENDATION**

*To be completed by current teacher*

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant for Grade \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or guardian: Please write your child’s name in the space above and give this to your child’s teacher with an addressed/stamped envelope for each teacher to whom you submit this form.**

The information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant’s permanent file. This completed form will not be available to applicants, parents, or anyone outside of the Admissions Committee.

**Teacher:** **Please complete this confidential form and return it to** The Renaissance Preparatory Academy **via mail or scanned file into PDF.**

This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files. Thank you for your cooperation and honesty. **The child’s application cannot be processed until this form is received in the Admissions Office.**

The Renaissance Preparatory Academy

C/O Admissions

1000 South Commons Drive,

Myrtle Beach, SC 29588

(843) 800-0590

Or email PDF of completed recommendation to Renaissance.headmaster@gmail.com

**Social & Study Skills**

Please indicate relative skill level and support with examples in comment section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Ratings* | *Above Average* | *Average* | *Below Average* | *Comments* |
| Responds positively to constructive criticism |  |  |  |  |
| Establishes friendships easily |  |  |  |  |
| Is comfortable in a group |  |  |  |  |
| Respectful of property (personal and others) |  |  |  |  |
| Accepts responsibility for actions |  |  |  |  |
| Demonstrates self-control |  |  |  |  |
| Is cooperative |  |  |  |  |
| Demonstrates appropriate energy level |  |  |  |  |
| Exhibits emotional maturity |  |  |  |  |
| Demonstrates appropriate behavior |  |  |  |  |

**Communication Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Ratings* | *Above Average* | *Average* | *Below Average* | *Comments* |
| Ability to express ideas verbally |  |  |  |  |
| Clarity of writing style |  |  |  |  |
| Grammar/Mechanics skills |  |  |  |  |
| Reading rate and fluency |  |  |  |  |
| Reading comprehension |  |  |  |  |
| Knowledge and usage of vocabulary |  |  |  |  |
| Imagination and creativity |  |  |  |  |
| Problem-solving skills |  |  |  |  |

Check the words that best describe this applicant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Confident | [ ] Cheerful | [ ] Perfectionist | [ ] Mature | [ ]  Negative Leader  |
| [ ]  Organized | [ ]  Irritable | [ ] Manipulative | [ ] Honest | [ ] Easily Discouraged |
| [ ] Articulate  | [ ] Follower | [ ]  Self-centered | [ ]  Social | [ ] Over-protected |
| [ ]  Motivated | [ ] Vivacious | [ ]  Responsible | [ ]  Shy | [ ] Self-disciplined |
| [ ] Oppositional | [ ]  Anxious | [ ] Aggressive | [ ]  Helpful | [ ]  Conscientious |
| [ ]  Well-liked | [ ] Immature | [ ] Perfectionist | [ ] Witty | [ ] Positive Leader |

Briefly describe the work habits/abilities/challenges. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has this applicant attended our school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Us applicant habitually tardy or absent? 🞎 Yes 🞎 No

In the last three years has this student been 🞎 suspended? 🞎 expelled?

This applicant is:

🞎 Highly Recommended (Top 5%) 🞎 Strongly Recommended 🞎 Recommended 🞎 Recommended with Reservations 🞎 Not Recommended

If you checked “Recommended with Reservation” or “Not Recommended”, please explain. If the same recommendation is not appropriate for all the schools to which the applicant is applying, please explain. \_\_\_\_\_\_\_

Are the parents/guardians actively involved and demonstrate and do they show respect for all members of the school community? Please comment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else that would be helpful for the Admissions Committee to know?

How long have you known this student and in what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_