



For Office Use Only:
Date Received: _____

Administration

Mr. Jay Dunlap, President
Mrs. Michelle Olson, Principal
Mr. Kam Ridley, Assistant Principal

BISHOP WARD
HIGH SCHOOL

708 N. 18th Street
Kansas City, KS 66102

Admissions

Mrs. Karina Martinez, Admissions
Phone: 913-371-1201
Or 913-371-6814
Website: www.wardhigh.org
Email: kmartinez@wardhigh.org

2019-2020 Enrollment Agreement

Terms and Conditions of Enrollment

Student Name	First	Middle	Last
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1. It is understood that enrollment for the 2018-2020 is contingent upon the student's satisfactory completion of the current school year.
2. Grade and classroom placement is determined by the school and does not constitute a part of this contract or its subsequent renewals.
3. Bishop Ward will withhold grade reports, student transcripts, diplomas and recommendations if specified tuition and fees are not paid when due. In addition, Bishop Ward reserves the right not to permit a student to attend class if tuition and fees are in arrears.
4. It is agreed that all rules and expectations contained in the Bishop Ward High School Student Handbook are hereby incorporated into this enrollment agreement.
5. School personnel will take appropriate action in the case of a medical emergency, under the conditions of the Student Emergency Release Form.
6. Any conduct by a Bishop Ward student that the School authorities consider detrimental to the student or to other students or to the School itself may be deemed adequate cause for appropriate disciplinary action, including suspension or dismissal.
7. As a parent or guardian, I understand that my involvement with my child is important. Therefore, I agree to the following :
 - I will do my best to see that my child attends school throughout the year.
 - I will provide in the home an appropriate time and place for my child to study.
 - I will review and discuss all progress reports and grade cards with my child.
 - I will communicate with my child and my child's teachers, counselors, and/or administrators.
 - I will serve as a positive role model in support of the zero tolerance of the illegal use of alcohol and drugs.

Zero tolerance means that students will be held accountable for behavior that is illegal or violates the school's Code of Conduct.

I have read and understand the terms of enrollment set forth in this agreement.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Education Information

Current School: _____

Please list any special education requirements that the student may have below.

If the student has special educations records (or if your child is coming from a public school), please request a copy of your child's records from their school office to be turned in with your enrollment applications. Please request a copy in a sealed envelope.

Does this student have special education records (testing, etc)? YES NO

Examples: IEP, 504, ESL/ELL, SIT, Title 1, Gifted

If so, please explain: _____

Does your student currently receive English as a Second Language services at his/her current middle school? _____

Please give any additional information that would be helpful: _____

Was this student absent more than 13 times this past/last semester? YES NO

If yes, please explain the circumstances for the absences.

Discipline History

Was this student involved in any disciplinary action within the past two years? YES NO

If yes, please list any and all short-term and long-term suspension time/times. Include In-School and Out-of-School Suspension times and list details of these actions:

Student Fees

Because tuition does not cover the entire cost of education, all students and parents must uphold a student activity commitment each year to help fill the gap and supplement tuition costs. This student activity commitment is student-driven with support and encouragement from parents/guardians.

Two student activities will take place during each school year. Full participation in these student activities is a requirement of Bishop Ward High School.

Your student can ask you and others to reach his or her commitment goal.

Your student can ask family, friends, neighbors and others in the community to help by making a donation in support of their educations and goal. The Development Office is committed to helping your student reach above and beyond their commitment. Collection packets, flyers, suggestions and reminders will be sent home with your student. All money is due no later than the last day of each student activity; dates to be determined. **Below are commitment minimums (quota) for each student activity.**

<u>Dates</u>	<u>Student Requirement</u> <u>(Per student)</u>
1st Semester	\$110.00
2nd Semester	\$110.00

Term and Conditions

If your student does not participate in either activity, you will be notified and charged the minimum activity fee requirement by the Business Office.

No final semester grade cards, student records or exam waivers will be released until financial commitment for that specific activity fee is fulfilled.

My student and I will support and participate in the activity efforts of Bishop Ward High School for the duration of my student's career at the School by raising the amount specified in this agreement.

I have read and understand the terms and conditions set forth in this Student Activity Fee Agreement.

Student Printed Name

Student Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Student Medical Emergency Release Form



Student's Legal Name _____ Age: _____

Birthdate: _____ Country of Birth: _____ Social Security # _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

1st Language Spoken at Home: _____ **2nd Language Spoken at Home:** _____

Father's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Emergency contacts:

1. _____ Work Phone: _____

Home/Cell phone: _____ Relationship to student: _____

1. _____ Work Phone: _____

Home/Cell phone: _____ Relationship to student: _____

Family Physician: _____ Phone: _____

Hospital of Preference: _____

Medical History

Immunizations are required for admission by STATE LAW. Your student CANNOT attend school without a completed and current immunization record. Please obtain a copy of immunization record from your grade school, doctor's office or medical clinic.

1. 1. Is there a history of any chronic physical health problems, such as allergies, or any type of emotional/behavioral disorders that would affect the student's learning style? If so, please explain: _____

2. Does the student take any regular medication? _____YES _____NO

3. If yes, please list medication taken: _____

4. Is he/she required to take this medication at school? _____YES _____NO

5. Will your student require preferential classroom seating for any of these conditions? _____YES _____NO

6. Does your student have a history of any type of orthopedic problems or specific injuries (past or present) that may present limitations or problems when participating in any athletic/PE activities. _____YES _____NO

If yes, please explain: _____

7. Do you give the Bishop Ward Family permission to give Tylenol if necessary? _____YES _____NO

I, _____, the parent or guardian of the above named student, recognize that as a result of athletic participation or other school related activity, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me my consent for emergency medical care. I do hereby consent in advance to emergency care, including hospital care, as may be deemed necessary under the then existing circumstances. I also give my consent for my son/daughter to accompany the team on trips and will not hold the school responsible in case of accident or injury, whether it be on route to or from another schools or during practice or an interscholastic contest.

Parent/Guardian Signature: _____

Date: _____

NAME _____

GRADE ENTERING _____

ACADEMIC YEAR 2019-2020

**CO-CURRICULAR AND EXTRA-CURRICULAR
PARTICIPATION AND TRANSPORTATION RELEASE**

(Both student and parent or guardian must read carefully and sign)

In consideration of **BISHOP WARD HIGH SCHOOL** permitting my child/ward to participate and engage in all activities
School Name

related to the team (athletics, music, academic, etc.), but not limited to, trying out, practicing or playing,

I/we, _____, agree on behalf of myself and my child,

Full name of parent or legal guardian

_____, our heirs, assigns, executors and personal representatives, to hold

Full name of child or ward

harmless and defend **BISHOP WARD HIGH SCHOOL**
School Name

the Roman Catholic Archdiocese of Kansas City in Kansas, their officers, directors, agents, employees, chaperons and
representatives from any and all liability claims, loss or damages arising from or in connection with participation
in **ALL SCHOOL ACTIVITIES**,

Activity

unless such claim arises from the negligence of the School/Archdiocese. To the best of my knowledge, my child is in
good health and physically able to participate in this activity.

Date

Signature of parent or legal guardian

I request my child/ward accompany the team on trips and will not hold the school responsible in case of accident or
injury whether it be in route to or from another school or during practice or an interscholastic contest.

In the event that the school does not provide transportation to an event or practice, I understand that I am responsible
for providing or arranging transportation for my student.

Date

Signature of parent or legal guardian

Date

Signature of student