or Office l	Jse Only:
-------------	-----------

Date Received:

Administration

Mr. Jay Dunlap, President

Dr. Michelle Olson, Principal

Mr. Kam Ridley, Assistant Principal

Dr. Emily Saatcioglu, Academic Dean

BISHOP WARD

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

Transfer Application 2020-2021 School Year

Student Information

Student Legal Name	First	Middle	Last
Home Address	(City State	Zip Code
Student Phone Number		Birthdate Month/Date/Year	Current Grade
Student email		School	ol Currently Attending
CATHOLIC Student Lives with (please		catholic Parish	
Student Lives with (please	e check approp	riate box): her Other:	
Student Lives with (please Both Parents Mo Who Should school n	e check approp ther Tat	riate box): her Other: sent to? (Please check appropriate	
Student Lives with (please Both Parents Mo Who Should school n Both Parents Mo	e check approp ther Fat nailings be s ther Fat	riate box): her Other: sent to? (Please check appropriate	box):
Student Lives with (pleased Both Parents More Mho Should school nor Both Parents More More More More More More More More	e check approp ther Fat nailings be s ther Fat	riate box): her Other: sent to? (Please check appropriate her Other:	box): Spanish
Student Lives with (pleased Both Parents More More More More More More More More	e check approper ther Fatter F	riate box): her Other: sent to? (Please check appropriate ther Other: spondence? English	box): Spanish

PARENT/GUARDIA	AN INFORMATION (Pleas	se print clearly)	Bai		
Father's Name: Address: Home/Cell Phone ()		Mother's Name:			
		Address: Home/Cell Phone ()			
Sibling Names and So	chools Attending				
Name	Grade	Date of Birth	School Name		
Name	Grade	Date of Birth	School Name		
Name	Grade	Date of Birth	School Name		
The state of Kansas re	Ethnic as quires us to record the ethnic ote: Both Part A and Part B of the	nd Racial Background and racial background of ou	ur students		
	Is this student Hispanic/Latin				
Part A:	No, not Hispanic/La	atino			
	Yes, Hispanic/Lati	ino (A person of Cuban, Mexic	ean, Puerto Rican, Cuban, South or Cen-		
-	<u>*</u>	•	u selected above, <u>please continue to</u>		
	What is the student's race?		consider your student's race to be.		
Part B:		` •	ng origins in any of the original peo- a), and who maintains tribal affiliation		
		nt including, for example, Cam	nal peoples of the Far East, Southeast bodia, China, India, Japan, Korea, Ma- n.)		
	Black or African Am of Africa.)	erican (A person having orig	ins in any of the black racial groups		
	Native Hawaiian or (Other Pacific Islander (A pers	son having origins in any of the origi-		
	peoples of Hawaii, Guam, S	Samoa, or other Pacific Islands	.)		
	White (A person hav East, or North Africa.)	ing origins in any of the origi	nal peoples of Europe, the Middle		

Education Information

Student name:	
Current School:	Current School District:
Please list any special education r	requirements that the student may have below.
-	ds (or if your child is coming from a public school), please request nool office to be turned in with your enrollment applications.
Does this student have special education re	ecords (testing, etc)?YESNO
Examples: IEP, 504, ESL/ELL, SIT, Title 1,	, Gifted
If so, please explain:	
Does your student currently receive English school?	n as a Second Language services at his/her current middle would be helpful:
Was this student absent more than 13 time If yes, please explain the circumstances for	es this past/last semester?YESNO the absences.
Discipline History Was this student involved in any disciplinary	ry action within the past two years?YESNO
· · ·	d long-term suspension time/times. Include In-School and Out-



708 N. 18th Street Kansas City, KS Phone: 913-371-1201

Website: www.wardhigh.org

	Stude	nt	Records Req	uest		
FOR OFFICE USE	ONLY:					
Student First	Middle		Last		Birthdate	
Current Grade	School Name			_	Phone/Fax #	
Instructions for Scho						
Please send the reque	ested records by ma	il o	r fax to:			
Office of Admissions						
Bishop Ward High Sch	ool					
708 N. 18th Street						
Kansas City, Kansas 6	6102					
FAX # 913-371-2145						
Bishop Ward High Scho	ool hereby requests a	ll of	the following school	ol recoi	rds:	
* Attendance		*	Immunization Re	cords		
* Discipline		*	Physical Forms			
* Standardized Test	Scores					
* Grades						
Parent/Guardian Signa	ature		_	Date		-
DWUS Admissions			_	———		_

Parental permission is no longer required when authorized school personnel request records. FAMILY EDUCATIONAL AND PRIVACY ACT, FINAL RULE on EDUCATIONAL RECORDS, REDERAL REGISTRAR, JUNE 17, 1976. Vol. 41, No. 188, page 2467