



For Office Use Only:
Date Received: _____

Administration

Mr. Jay Dunlap, President
Dr. Michelle Olson, Principal
Mr. Kam Ridley, Assistant Principal
Dr. Saatcioglu, Academic Dean

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

2020-2021 Enrollment Agreement

Terms and Conditions of Enrollment

Student Name	First	Middle	Last
--------------	-------	--------	------

1. It is understood that enrollment for the 2020-2021 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: _____

Student Activity 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 Emergency Information and Medical Treatment Consent

Student's Full Legal Name _____ School Year: _____ Entering Grade: _____

Birthdate: _____ Country of Birth: _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

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

Father's Name _____ Language _____ Is Father a legal guardian? YES NO

E-mail _____ Work Phone _____ Cell _____

Mother's Name _____ Language _____ Is Mother a legal guardian? YES NO

E-mail _____ Work Phone _____ Cell _____

Emergency contacts (person(s) to contact if Father or Mother is not available):

1. _____ Language: _____
Home/Cell phone: _____ Relationship to student: _____

1. _____ Language: _____
Home/Cell phone: _____ Relationship to student: _____

Family Physician: _____ Phone: _____

Hospital of Preference: _____

Medical History

Does your student have special education records (testing, etc)? ___YES ___NO Ex: IEP, 504, ESL/ELL, SIT, Title 1, Gifted

If yes, please explain: _____

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.

Are your child's immunizations fully completed and currently up-to-date? ___YES ___NO

Important: What is the date of your child's last ten-year DT Booster? _____

(this ten-year booster is due between 14-16 years old)

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

2. Does the student take any regular medication? ___YES ___NO

If yes, please list medication taken: _____

3. Is he/she required to take this medication at school? ___YES ___NO

4. Will your student require preferential classroom seating for any of these conditions? ___YES ___NO

5. 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/Advil 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, school sponsored event or an interscholastic contest.

Parent/Guardian Signature: _____

Date: _____



BISHOP WARD
HIGH SCHOOL

BISHOP WARD HIGH SCHOOL **Photo Release Form**

I hereby give my consent for Bishop Ward High School to use my child's photograph and likeness in its publications, including its website and social media sites, for the time they are students at Bishop Ward. I release **BWHS** and the Archdiocese of Kansas City in Kansas from any expectation of confidentiality or compensation for the undersigned minor children and myself. I further attest that I am the parent or legal guardian of the children listed below.

I understand that the photographs/videos will be used only in a legal manner and that at no time will my child or I be depicted in any unethical way.

Parent/Guardian Signature: _____ Date: _____

Names and Ages of Students:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Check the Box if you do not give permission for your child/children's photo to be used.