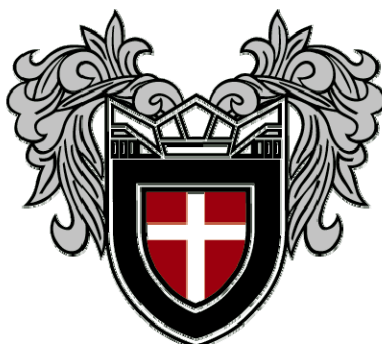


Student Name: _____

Last

First

Middle



BISHOP WARD

HIGH SCHOOL

Freshman Application

2010-2011

708 N 18th Street
Kansas City, KS 66102
913.371.1201 • www.wardhigh.org



2010-2011 APPLICATION CHECKLIST

Enrollment Night: Please complete the entire Freshman Application and Financial Application and bring them to **Enrollment Night** on **Wednesday, February 24** or **Thursday, February 25** from **6 p.m. to 8 p.m.** at Bishop Ward. If you cannot attend either of the Enrollment Nights, you must turn in both packets by **March 1, 2010**. Please call Laura Nelson, Director of Admissions, at 913.371.6901 to schedule an appointment.

Admission to Bishop Ward:

After Enrollment Night, you will receive a letter in the mail informing you if your child's admission to Bishop Ward has been approved. Admission is approved once the Admission Board reviews a student's grades, attendance and discipline record from their grade school.

WHAT TO BRING TO ENROLLMENT:

- Freshman Application
- Financial Packet
- Application Fee:** A non-refundable enrollment fee is due at the time of enrollment. The enrollment fee is \$100 per student or \$150 per family.
- Tax Return:** If you plan to apply for financial aid, bring a copy of page one of the 2009 income tax return (1040/1040A/1040EZ and Schedule C and E) or other proof of income (see Financial Application for details) of the party responsible for child's tuition payments.
- A \$42 check or money order made out to Tuition Management Systems if you plan to pay for tuition on a monthly basis.
- Any special educational records
- Your child's permanent school record in a sealed envelope from school**
This is required only for families that are coming from a public school.
- Copy of immunization record from grade school, doctor's office or medical clinic.
- Completed Scholarship Application** (if you plan to apply), including essay and letter of recommendation.



PARENT, STUDENT & BISHOP WARD STAFF PARTNERSHIP AGREEMENT

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 encourage quality education and faith development
- I will serve as a positive role model in support of zero tolerance of the illegal use of alcohol and drugs (namely, underage drinking and unsupervised parties). Zero tolerance means that students will be held accountable for behavior that is illegal or violates the school's code of conduct.

Parent/Guardian Signature _____

At freshman orientation, your child will sign an agreement for the following:

As a student, I understand that I am an important part of my own success. Therefore, I agree to the following during my enrollment at Bishop Ward:

- I will attend School
- I will come to each class prepared, with the required materials
- I will complete assignments to the best of my ability when they are assigned
- I will make an appointment to meet with a teacher outside of class time if I do not understand an assignment or if I need make-up work
- I will work within the rules of conduct to make learning possible for myself and others
- I will demonstrate the ability to make choices that reflect Catholic/ Christian morality
- I will stand against the use of tobacco, alcohol, and drugs and will adhere to the guidelines set forth by the student handbook.

As teachers, staff, and administrators, we understand that our involvement with each student is valuable, and we strive to create a safe environment that allows open and beneficial communication between student, teacher and parent. We agree to the following to make the school experience beneficial to each student:

- In the classrooms, we will make clear and appropriate assignments
- We will make students aware of when we will be available to work with them outside of class time
- We will communicate with parents through progress reports, grade cards, phone calls and/or other means when we see an opportunity to maximize and sustain student success
- We will make an effort to reach all students
- We will model the values of the Catholic Community
- We will encourage by word and action, Catholic morals and guidelines
- We will stand against the illegal use of tobacco, alcohol and drugs and will adhere to the guidelines set forth in the student handbook.

Principal Signature _____



EDUCATION INFORMATION

Name of Student _____ Grade level _____

Current School _____

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

If the student has special education 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 application. 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 specify: _____

Please give any additional information that would be helpful: _____



2010-2011 FOREIGN LANGUAGE FORM

Student Name: _____

Which language(s) is spoken in the home (if other than English):

Spanish*

Other (please specify language): _____

Please specify any language the student SPEAKS, other than English:

Spanish*

Other (please specify language): _____

Please specify any language the student READS, other than English:

Spanish*

Other (please specify language): _____

The student can speak and/or read this language because:

He/She has studied this language in school

Name of School _____

Name of Class _____ Grade in Class _____

He/She speaks this language at home

Other reason (be specific): _____

* Students who can speak and or read Spanish will be given a written and oral Spanish test at enrollment to determine class placement.

OFFICE USE ONLY

Class Recommendation: _____ Faculty Signature: _____ Date: _____



ETHNIC & RACIAL BACKGROUND

The state of Kansas requires us to record the ethnic and racial background of our students.

Name of Student _____ Grade level _____

You must answer BOTH parts A and B.

Part A. Ethnicity:

Is this student Hispanic/Latino? (choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino

(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Hispanic is an ethnicity, not a race. No matter what you selected above, you **must** also mark **one or more** boxes below to indicate what you consider your student's race(s) to be.

Part B. Race:

What is this student's race? (Choose one or more)

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Examples: Azteca, Maya, Aymara, Kichwa, Laota, Navajo, etc.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

Examples: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Examples: France, Germany, Spain, Italy, Egypt, Iraq, Palestine, etc.

Signature of Parent/ Guardian _____ Date _____



BISHOP WARD

HIGH SCHOOL

REQUEST AND CONSENT TRANSFER OF EDUCATIONAL RECORDS

Date: _____

To: _____
Last school attended

Address of school	City	State	Zip
-------------------	------	-------	-----

Phone Number of school	Fax Number
------------------------	------------

I hereby request all school records (including complete transcript of courses, credits, tests, attendance, discipline and health records) for:

Name of student	Birth date	Class
-----------------	------------	-------

Parent/ Guardian Signature

Send or Fax to:
Dennis Dorr, Principal
Bishop Ward High School
708 N. 18th Street
Kansas City, KS 66102
Phone: (913) 371-1201
Fax: (913) 371-2145

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



BACKGROUND INFORMATION FORM

Please type or print.

Student's Full Legal Name: _____
Last First Middle

Date of Birth _____ Sex: Male Female Entering Grade _____
Month / Day / Year

Home Address: _____
Street Address City State Zip code

Parent Emails: _____

Please send mailings in Spanish. English speaking emergency number (_____) _____

Student resides with: Both parents Mother Father Other (Relationship) _____

Primary Parent phone (_____) _____ Student phone (_____) _____

Guardian/Mother's Name _____

Day Phone (_____) _____ Phone Type: Home Cell Work Other: _____

Evening Phone (_____) _____ Phone Type: Home Cell Work Other: _____

Guardian/Father's Name _____

Day Phone (_____) _____ Phone Type: Home Cell Work Other: _____

Evening Phone (_____) _____ Phone Type: Home Cell Work Other: _____

Do you give permission to publish a phone number in student directory? Yes No

Which number(s) do you wanted listed in the student directory? _____

Are there any other numbers our administration should have on file?

Name: _____ Phone (_____) _____ Phone Type: _____

Name: _____ Phone (_____) _____ Phone Type: _____

Should a second mailing be sent to a parent not living with the student? Yes No

Name and address of second parent: _____
Name

Street Address City State Zip code

Student's religion _____ Father's religion _____ Mother's religion _____

Parish (if Catholic) _____ Last school attended _____



EMERGENCY & MEDICAL INFORMATION

(To be completed by parent)

Student's Full Legal Name _____ Age _____ Birth date _____ Entering Grade _____

Address _____
City State Zip Code

Home Phone (____) _____

Father's Name _____ Place of Employment _____

Work Phone(____) _____ Ext _____ Cell Phone (____) _____ Pager (____) _____

Mother's Name _____ Place of Employment _____

Work Phone(____) _____ Ext _____ Cell Phone (____) _____ Pager (____) _____

Persons to contact if parents are unavailable:

1. _____ Work # (____) _____ Home #(____) _____ Relationship _____

2. _____ Work # (____) _____ Home #(____) _____ Relationship _____

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. 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. Is he/she required to take this medication at school? Yes No

4. Will your child require preferential classroom seating for any of these conditions? Yes No

5. Orthopedic Injury or Weakness: Does your child 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: _____

6. Do you give the Bishop Ward staff 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 for my consent for emergency medical care. I do hereby consent in advance to such 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 enroute to or from another school or during practice or an interscholastic contest.

Signature of Parent/ Guardian _____ Date _____



ATTENDANCE/DISCIPLINE HISTORY

Name of Student _____ Grade level _____

Current School _____

ATTENDANCE HISTORY

Was this student absent more than 13 times this past/last semester? Yes No

If YES, please explain circumstance(s). Example: absences for medical reasons, suspension times, etc.:

Was this student tardy/late to school more than 13 times this past/last semester? Yes No

If YES, please explain circumstance(s). Example: transportation issues, distance to travel, etc.:

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(s). Include In-School and Out-School Suspension times and list details of these actions:
