

STUDENT ENROLLMENT CHECK LIST

2017-2018

STUDENT'S NAME: _____ D.O.B.: _____ AGE: _____

PARENT'S NAME: _____ GRADE ENTERING: _____

** Indicates forms required for returning students*

**COMPLETED & SIGNED APPLICATION:* _____

**NOTARIZED PARENT CONTRACT:* _____

PRINCIPAL RECOMMENDATION FORM (1ST - 12TH): _____

MINISTER'S RECOMMENDATION FORM (9TH-12TH): _____

STUDENT EVALUATION FORM: _____

MOST RECENT REPORT CARD: _____

NATIONAL TEST SCORES: _____

TRANSCRIPT (IF APPLICABLE): _____

IEP/SPECIAL NEEDS: _____

RECORD RELEASE FORM: _____

BIRTH CERTIFICATE: _____

SOCIAL SEC. CARD: _____

SHOT RECORD: _____

PARENT LICENSE /STATE ID: _____

**TRANSPORTATION FORM (IF APPLICABLE):* _____

**FAMILY SURVEY:* _____

**PII FORM:* _____

For office use only:

TESTING FEE PAID: _____ *REGISTRATION FEE PAID: _____

TESTING DATE: _____ INTERVIEW DATE: _____

OTHER: _____

Bishop McManus Academy

13123 I-10 Service Road, New Orleans, LA 70128

Phone: (504) 246-5121 Fax: (504) 246-5564

Website: www.bishopmcmanus.com

Application for Admission for School Year 2017-2018

DATE OF APPLICATION: _____ APPLICATION APPROVED BY: _____

NEW STUDENT RETURNING STUDENT

GRADE APPLYING FOR: 2PK 3PK 4PK K 1 2 3 4 5 6 7 8 9 10 11 12

No applications can be accepted without the registration fee.

Student Information (PLEASE PRINT)

Full Legal Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Student's Cell Phone: _____ Student's Email: _____

Last School Attended: _____ Last Grade Completed: _____

Date of Birth: _____ Sex: Male Female Student's Social Security #: _____ - _____ - _____

Ethnicity: Hispanic Non - Hispanic

Race: African American American Indian/ Alaskan Native Asian Caucasian Hispanic Other: _____

Health Issues: YES NO
 If yes, what? _____
*Additional documents may be required.

Allergies: YES NO
 If yes, what? _____
*Additional documents may be required.

Student lives with:

Both Parents Mother Only Father Only Legal Guardian Father/Stepmother Mother/ Stepfather

Check all that apply:

Parents Married Mother Deceased Father Deceased Single/ never married
 Parents Separated Parents Divorced Mother Remarried Father Remarried

Siblings:

Name	Grade	School Attending

Family Information

The information listed below will be the contact person(s) the school will contact via phone, mail, or email for the purpose of verification of student demographics, registration and re-enrollment, collection of fees, required documents submitted to office, permission slips and surveys, excused absences and tardy notes, attendance, report cards/mid-quarter reports, scheduling, and discipline.

Father's Name: _____ Email: _____

Father' Cell Phone: _____ Father's Work Phone: _____

Father's Soc. Security #: _____

Mother's Name: _____ Email: _____

Mother's Cell Phone: _____ Mother's Work Phone: _____

Mother's Soc. Security #: _____

(If Applicable)

Legal Guardian's Name: _____ Email: _____

Legal Guardian's Cell Phone: _____ Legal Guardian's Work Phone: _____

Legal Guardian's Soc. Security #: _____

Emergency Contacts (Not Parent)

Please list three contacts in case we cannot reach either parent.

Full Name:		Relationship:	
Phone:			
Full Name:		Relationship:	
Phone:			
Full Name:		Relationship:	
Phone:			

Pick-up List

Please indicate to whom you give permission to pick your child up early from school.

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Religious Information

Home Church: _____

Pastor: _____ Phone: _____

Address: _____

Street Address

City

State

ZIP Code

Father: Christian? Yes No

Mother: Christian? Yes No

Billing Information

Select payment plan for 2017-18 school year:
(Check all that apply)

Tuition Payment Options:

<input type="checkbox"/>	1 payment in full to BMA by August 1.
<input type="checkbox"/>	10 month payment plan to First Bank and Trust (payments are July – April); Financing deadline is June 1.

Tuition Discount Options:

<input type="checkbox"/>	Tuition Sibling Discount – \$100 discount for each additional sibling attending BMA.
<input type="checkbox"/>	Tuition Tithing Discount - 10% discount offered to parents having a contributor's record of at least one quarter's consistent tithing and offerings to City Church.
<input type="checkbox"/>	Full Payment Discount - 5% discount may be applied to the tuition-only portion of the year's tuition/fees, if the entire year's tuition and fees are paid upon acceptance of application.
<input type="checkbox"/>	Other: _____

OFFICE USE ONLY

Registration Payment: Cash _____ Check # _____ Credit _____ Amount _____

Tuition Payment: Cash _____ Check # _____ Credit _____ Amount _____

Signature of Authorized School Personnel: _____ Date: _____

PARENT CONTRACT/ AGREEMENT
MUST BE NOTARIZED BY A NOTARY PUBLIC

I understand all of the rules of discipline of Bishop McManus Academy and agree to each one without reservation. I understand that, if a situation arises where my child is involved in a problem and my child complains, I am obligated to support the school no matter what the circumstances seem to be, and to call the school for full details.

I further understand that school disciplinary policy includes demerits, detentions, suspensions, and expulsions when necessary. I whole-heartedly agree with these policies, and give my consent to Bishop McManus Academy to justly discipline my child when necessary. I understand that I will be notified, according to school policy, when disciplinary measures are taken. Bishop McManus Academy has the right to drug test any student 12 years of age and older. We bear no liability for the administering of the test or the maintenance of testing records.

I understand my financial obligations to Bishop McManus Academy. Should I choose to withdraw my child or if my child is expelled, I will be held liable for the entire school year's tuition, book fees and any other fees. I further understand that my child's transcripts will not be released until my account is paid in full. I further understand that if legal services are required to collect any monies due to Bishop McManus Academy, I will be held responsible for any and all fees incurred including attorney's and/or court fees. I understand that no tuition or fees will be refunded if the student is withdrawn or expelled from Bishop McManus Academy.

I understand that Bishop McManus Academy has a dress code and that my child must come to school appropriately groomed and dressed in the prescribed uniform.

I give my permission for my child to take part in school activities, including sports and field trips away from school premises. I absolve Bishop McManus Academy from all liability because of injury to my child at school, while transporting or during any of these school-sponsored activities.

I understand that spiritual development is emphasized at Bishop McManus Academy and if any child proves detrimental to the spiritual growth of the student body, that student cannot and will not be retained. I also understand that one of the aims of Bishop McManus Academy is to guide my child into a spirit-filled, spirit-directed life while providing the ultimate in education. I am in complete agreement and will see that our home and school work together toward that end.

I further understand that my child is only supervised on the grounds from 7:45 a.m. until 3:15 p.m. I understand that Bishop McManus Academy is not responsible or held liable for the supervision of my child until 7:45 a.m. (unless student is in before-care or eating breakfast). If my child is on the grounds after 3:15 p.m., I understand that my child will be escorted to a supervised after-care area at my expense. I understand that tardiness, after 7:55 a.m., will not be tolerated and that Bishop McManus Academy Administration reserves the right to deny my student admittance into class if he/she is continuously tardy.

I understand that Bishop McManus Academy's curriculum for grades 9 – 12 may incorporate the use of computerized curriculum and that our home is required to maintain internet access for homework assignments and study purposes.

BEFORE SIGNING, PLEASE BE SURE THAT YOU UNDERSTAND ALL THAT IS EXPECTED OF YOU AS PARENTS. UPON SIGNING, YOU ARE THEN RESPONSIBLE TO SUPPORT THE SCHOOL IN ALL OF ITS POLICIES AND PRACTICES.

I HAVE READ AND UNDERSTAND THIS PARENT'S CONTRACT AND THE POLICIES IN THE SCHOOL HANDBOOK. I WHOLLY AGREE TO SUPPORT BISHOP McMANUS ACADEMY. I HAVE RECEIVED AN UPDATED HANDBOOK TO KEEP FOR MY FAMILY'S USE.

Parent's Signature

Custodial Parent or Guardian's Signature: _____ Date: _____

Notary Public: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

Name of Student(s): _____



Bishop McManus Academy
Principal Recommendation Form
2017-2018

To the Applicant: Please complete this section. The parent's signature on this form will serve as an authorization to your school for release of information.

Student's Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Signature: _____ Date: _____

To the Principal or Assistant Principal: The above student is applying for admission. Please complete and return this form with a copy of the student's most recent report card and Standardized Test Scores.

This form must be either faxed or mailed directly from your office to our office: Bishop McManus Academy, Attn: Admission Department, 13123 I-10 Service Road, New Orleans, LA 70128.

Phone: (504) 246-5121 Fax: (504) 246-5564

1. School Name: _____ 2. Student's Present Grade: _____

3. School Address: _____ City: _____ State: _____ Zip: _____

4. Contact Person: _____ 5. Telephone Number: _____

6. G.P.A. _____ (4.0 = A)

7. Check the category under which you think the academic record of the applicant will fall.
() Excellent () Above Average () Average () Below Average () Failure

8. Has this student ever been expelled and/or suspended? _____ How many times? _____

9. Check the category under which you think the discipline record of the applicant's behavior would fall.
() Excellent () Above Average () Average () Below Average () Inadequate

10. Considering all the attributes, I recommend the student:
() Strongly () As Above Average () As Average () With Reservations () Do not recommend

11. Please make other comments below which you believe are pertinent:

Signature: _____ Date: _____

Print Name: _____ Position: _____



MINISTER'S RECOMMENDATION

2017-2018

I. THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The parent's signature on this form will serve as an authorization for your church to release information on the above-named student.

Parent's Signature: _____ Date: _____

II. THIS SECTION TO BE COMPLETED BY AN ORDAINED MINISTER

Minister's Name: _____ Church Phone: _____

Church Name and Address: _____

TO THE MINISTER: Each high school applicant at **Bishop McManus Academy** must submit a minister's recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully.

It should be returned directly to the Office of Admissions by mail or fax:

Bishop McManus Academy

Attention: Office of Admissions

13123 I-10 Service Road, New Orleans, LA 70128

Phone (504) 246-5121 Fax (504) 246-5564

1. How long have you know the applicant? _____
2. How well do you know the applicant? ____ Very Well ____ Well ____ Casually
3. Do you believe the applicant has a personal relation with Jesus Christ? ____ Yes ____ No
4. Do you feel the applicant possesses the necessary qualities to succeed at BMA? ____ Yes ____ No

Rank the applicant on the following area:

	Above Average	Average	Below Average
Emotionally Stability	_____	_____	_____
Leadership Ability	_____	_____	_____
Peer Relationship	_____	_____	_____
Spiritual Maturity	_____	_____	_____
Social Readiness	_____	_____	_____

Based on the above information, I ____ strongly recommend ____ recommend ____ do not recommend the applicant for admissions.

Do you want to discuss the applicant with the Office of Admissions? ____ Yes ____ No

Signature _____ Date _____



STUDENT EVALUATION

2017-2018

Name of Student: _____ Age: _____ Grade Entering: _____

Parent, please answer the following questions honestly about the student enrolling in Bishop McManus Academy. Failure to provide accurate information, which may later be revealed through the child's school records, could affect your child's continuing attendance.

1. Has student ever been suspended from any previous school? YES NO
If yes, how many times and when? _____
If yes, explain _____
2. Has student ever been expelled from any previous school? YES NO
If yes, how many times and when? _____
If yes, explain _____
3. Has student ever been arrested and/or convicted? YES NO
If yes, explain _____
4. Does student smoke, drink alcoholic beverages and/or use illegal drugs? YES NO
Has he/she ever? _____
If yes, explain _____
5. Has student ever been admitted into a psychiatric hospital or seen a psychiatric doctor? YES NO
If yes, explain _____
6. Has student ever run away from home? YES NO
7. Is or has student ever been married? YES NO
8. Female: Is or has the student ever been pregnant? YES NO
Male: Is or has the student ever fathered a child? YES NO
9. Does the student have a tattoo or body piercings? YES NO
If yes, explain _____
10. Has the student ever been tested for and/or diagnosed with a learning exceptionality? YES NO
If yes, explain and attach documentation _____

11. Are Christian values and obedience to God's Word practiced at home? YES NO

Parent's Signature

Date

Student's Signature (if applicable)

Date



STUDENT RECORD RELEASE

Releasing School:

(Please Print)

School's Full Name

Street Address

City/State/Zip

Phone & Fax Number

Dear Counselor:

My child/ren have been withdrawn from your school. Please release their cumulative record file including all academic, health, and test records to the following school:

Bishop McManus Academy

Attention: Office of Admissions

13123 I-10 Service Road

New Orleans, LA 70128

Phone: (504) 246-5121

Fax: (504) 246-5564

Thank you for your prompt attention to this matter.

Parent's Signature

Date

**Student's Names
(Last, first)**

Date of Birth

**Grade level at time
of withdrawal**

Bishop McManus Academy Secretary

Bishop McManus Academy

13123 I-10 Service Road, New Orleans, LA 70128

Phone: (504) 246-5121 Fax: (504) 246-5564

Website: www.bishopmcmanus.com

Transportation Form 2017-18

Student Information:

Student's Name: _____ Grade: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Van Service |
| <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Student Driver* |
| <input type="checkbox"/> Bicycle | |

*Student driver must provide a copy of the student's driver's license, car insurance, and registration to the school office.

(If Applicable)

Van Service Company: _____

Driver's Name: _____ Cell: _____

*Charges will apply for early drop-off and late pick-up.

Parent's Signature: _____ Date: _____



Orleans Parish School District
3520 General DeGaulle Drive, S-1010, New Orleans, LA 70114
NCLB Federal Programs & External Grants
2017-18 Federal Programs Family Survey

The information requested below is confidential.
This form uses free & reduced price meal income levels as the threshold to determine eligibility.

Household Address

Address

City

Zip Code

Name and age of children living in household AND attending

Bishop McManus Academy

Name of School

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Indicate your family size and annual gross income level

Family Size _____

Annual Gross Income _____

Does your family qualify for Family Support (Foodstamps) Please circle

YES

NO

If yes, please provide SNAP case number _____

Are you receiving Temporary Assistance to Needs Family (TANF) Assistance: Formerly Aid to Families with Dependent Children of Public Assistance? Please circle

YES

NO

Please return this form to:

Bishop McManus Academy

before:

Friday, August 11, 2017

Deadline

Name of School

By completing this form, it is understood that all information on the Family Survey is true and that all income is reported. The school will receive federal funds based on the information submitted. If verification is required, school officials will confirm the provided information.

**Family Educational Rights and Privacy Acts (FERPA)
Notice for Directory Information
2017-18**

The *Family Educational Rights and Privacy Acts (FERPA)*, a Federal law, now requires that Bishop McManus Academy, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information (PII) from your child's education records. However, BMA may disclose appropriately designated "directory information" without written consent, unless you have advised BMA to the contrary in accordance with BMA school procedures. The primary purpose of directory information is to allow BMA to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill or program showing your child's role in the program production
- The annual yearbook
- Honor roll or other recognition lists
- Graduation programs
- Sports activity sheets, and
- School website, press releases or social media homepages.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings and/or published yearbooks, transferring schools that request transcripts in writing, athletic organizations to determine eligibility to play, and La. Dept. of Education. In addition, two federal laws require local educational agencies (LEA'S) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their child's information disclosed without their prior written consent.

If you DO NOT want BMA to disclose directory information from your child's education records without your prior written consent, you must notify BMA in writing by Monday, August 14, 2017. You may use this form by signing in the appropriate choice below. BMA has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- Email address (if applicable)
- Photograph
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Degrees, honors and awards received
- Weight and height of member of athletic teams and/or graduates
- The most recent educational agency or institution attended

Yes, BMA has my written consent to disclose my child's directory information indicated above.

Student's Name: (print) _____ Grade: _____

Parent's Signature: _____ Date: _____