

STUDENT ENROLLMENT CHECK LIST

2018-2019

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

PARENT'S NAME: _____ **GRADE ENTERING:** _____

** Indicates forms required for returning students*

***COMPLETED & SIGNED APPLICATION :** _____

PRINCIPAL RECOMMENDATION FORM (1ST – 8TH): _____

STUDENT EVALUATION FORM: _____

MOST RECENT REPORT CARD: _____

NATIONAL TEST SCORES: _____

IEP/SPECIAL NEEDS: _____

RECORD RELEASE FORM: _____

BIRTH CERTIFICATE: _____

SOCIAL SECURITY CARD: _____

SHOT RECORD: _____

***PARENT LICENSE /STATE ID:** _____

***TRANSPORTATION FORM:** _____

***FAMILY SURVEY:** _____

***PII FORM:** _____

For office use only:

REGISTRATION FEE PAID: _____ **LSP FORMS:** _____

TESTING DATE: _____ **INTERVIEW DATE:** _____

OTHER NOTES:

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 2018-2019 school year:

Tuition Payment Options – Please select one:	
<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 – Please select one:	
<input type="checkbox"/>	Tuition Sibling Discount – \$400 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

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.

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.

The Department of Health and Hospitals requires that all students enrolled in a school shall provide satisfactory evidence of current immunizations for appropriate age vaccines. Also, it is MANDATORY that pupils who show symptoms of communicable disease be excluded from classes until readmission is acceptable to school officials.

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 3:30 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 3:30 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.

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 CONTRACT AND THE POLICIES IN THE SCHOOL HANDBOOK. I WHOLLY AGREE TO SUPPORT BISHOP McMANUS ACADEMY.

Parent's Signature

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

Name of Student: _____

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 2018-19

Student Information:

Student's Name: _____ Grade: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Please check all that apply:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Car Pick-Up | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Public Transportation | <input type="checkbox"/> *Van Service |
| <input type="checkbox"/> Bicycle | |

(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
2018-19 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 10, 2018

Name of School

Deadline

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
2018-19**

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 13, 2018.

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: _____