

# STUDENT ENROLLMENT CHECK LIST

2019-2020

**STUDENT'S NAME:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_ **GRADE ENTERING:** \_\_\_\_\_

*\* Indicates forms required for returning students*

**\*COMPLETED & SIGNED APPLICATION :** \_\_\_\_\_

**PRINCIPAL RECOMMENDATION FORM (1<sup>ST</sup> - 8<sup>TH</sup>):** \_\_\_\_\_

**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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Bishop McManus Academy

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

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

Website: [www.bishopmcmanus.com](http://www.bishopmcmanus.com)

## Application for Admission for School Year 2019-2020

DATE OF APPLICATION: \_\_\_\_\_ APPLICATION APPROVED BY: \_\_\_\_\_

NEW STUDENT  RETURNING STUDENT

GRADE APPLYING FOR:  PK2  PK3  PK4  K  1  2  3  4  5  6  7  8

**Applications cannot 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: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Primary Hospital: \_\_\_\_\_ Insurance/Policy #: \_\_\_\_\_

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's 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:

<b>Tuition Payment Options – Please select one:</b>	
<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.
<b>Tuition Discount Options – Please select one:</b>	
<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**  
**Principal Recommendation Form**  
**2019-2020**

**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: \_\_\_\_\_ DOB: \_\_\_\_\_

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: \_\_\_\_\_

5. Check the category under which you think the academic record of the applicant will fall.

( ) Excellent ( ) Above Average ( ) Average ( ) Below Average ( ) Failure

6. Has this student ever been expelled and/or suspended? \_\_\_\_\_ How many times? \_\_\_\_\_

7. Check the category under which you think the discipline record of the applicant's behavior would fall.

( ) Excellent ( ) Above Average ( ) Average ( ) Below Average ( ) Inadequate

8. Considering all the attributes, I recommend the student:

( ) Strongly ( ) As Above Average ( ) As Average ( ) With Reservations ( ) Do not recommend

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_



# STUDENT EVALUATION

2019-2020

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)

---

Previous 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](http://www.bishopmcmanus.com)

## Transportation Form 2019-2020

### Student Information:

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell: \_\_\_\_\_

---

---

### Please check all that apply:

- Car Pick-Up
- Public Transportation
- Bicycle

- Walk
- \*Van Service

---

---

### (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 Board**

Local Education Agency

Non-Public/Private School

**Title I Non-Public Family Income Survey**

The information gathered from the survey will help determine our school's eligibility for participation in Title I, Part A services for extra academic support for the 2019-2020 school year. The information requested below is confidential. You do not have to list student or family names.

Please complete and return this survey to the principal /administrator's office the next school day. Thank you for participating and supporting our school.

1. Please complete one survey form for each child in your family who attends our school. We only need the student's home address and grade level in order to apply for services.

\_\_\_\_\_  
Street Number and Name (Address)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Student's Current Grade Level

2. On the chart below, in the "Family Size" column, circle the total number of persons living at the household address listed above.
3. On the same row as the number circled in the "Family Size" column, check in the "Less Than" column if your total yearly household income is less than the amount listed next to the "Family Size" number you circled. If it is more than the amount listed, do not check the column.

FAMILY SIZE	HOUSEHOLD INCOME	LESS THAN
1	\$22,311	
2	\$30,044	
3	\$37,777	
4	\$45,510	
5	\$53,243	
6	\$60,976	
7	\$68,709	
8	\$76,442	
9	\$84,175	
10	\$91,908	

Check all items below that apply to this student.

This student is or has been:

\_\_\_\_\_ In Head Start

\_\_\_\_\_ Homeless

\_\_\_\_\_ In Foster Care

## Family Educational Rights and Privacy Acts (FERPA)

### Notice for Directory Information

2019-2020

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: \_\_\_\_\_