



2021-2022 Enrollment Contract

Francis Hugh Wardlaw Academy

1296 Columbia Road Johnston, S.C. 29832

Phone: 803-275-4794 Fax: 803-275-4873

www.Wardlawacademy.com

Office Use Only

Rcvd by: _____

Date Rcvd: _____

Amt Rcvd: _____

Transcripts: _____

Birth Cert: _____

Imm. Record: _____

SS#: _____

Please complete one application per student

Student's Full Name _____

Date of Birth: _____ Social Security Number: _____

Grade Entering: _____ **Previous School _____

Parent's/Guardian's Name :(circle one): _____

Billing Address: _____

Other Address if applicable: _____

Siblings and Grades: _____

Name/Best number to call during school hours: _____

All correspondence will be sent by email unless noted otherwise.

Email Address: _____

Referred to Wardlaw by: _____

Father's Name: _____

Employment: _____ Contact Phone Number: _____

Mother's Name: _____

Employment: _____ Contact Phone Number: _____

If parents are separated or divorced, please indicate to whom all correspondence is to be sent: (Attach court documents.)

Who has legal guardianship? _____

Emergency Contact: _____ Phone Number: _____

Grandparent's Name: _____ Phone Number _____

Address: _____

Grandparent's Name _____ Phone Number _____

Address: _____

Has applicant ever been suspended or expelled from or asked not to return to any school for any reason? _____

If yes, please attach information including name of school and contact person.

Does applicant have any physical or emotional health problem of which the school should be made aware? _____

If yes, please describe condition: _____

Please list all medications applicant is currently taking: _____

Has the applicant ever attended a school or been assigned to a program for learning disabilities or other special needs (504, IEP)? _____

If yes, please attach information including name of school and contact person.

Please note that the following documents are required and need to be submitted to the front office by a parent/guardian for admission to Wardlaw Academy:

A copy of current immunization record, birth certificate, and social security card
A transcript or report card containing all grades from previous schools
All achievement test results
Completed admissions forms and contracts
Grades 6-12 only: Two references from the previous school (one from an administrator and one from a teacher) must be provided with the contract.

Admission to Wardlaw Academy will be considered by administration once all of the above criteria have been secured.

I understand the School has the right to refuse admittance to class, terminate enrollment, withhold report cards, refuse graduation, and/or deny transfer credits or records for any student whose financial account is delinquent or who violates any of the school regulations.

I understand when my tuition account becomes **45** days delinquent, the account will be submitted to the financial committee of the Board of Directors for review.

If I cancel my child's enrollment for whatever reason prior to the end of the school year, I agree to pay the prorated amount for days attended plus the \$500.00 withdrawal fee. I understand any unpaid balance becomes payable immediately upon termination of enrollment.

In signing this enrollment contract, I understand and agree to accept the regulations of F.H. Wardlaw handbook, and I further understand that:

- A health form indicating immunizations must be completed and returned to the school by opening day in order for my child to enter the School.
- If my account is past due, I will be denied access to RenWeb and will be unable to view my child's grades and/ or report card.
- I hereby authorize and grant permission to the School to hospitalize and/or secure treatment for my child (or ward) in case of medical surgical emergency, provided that the School is unable to contact me. If unable to contact my child's physician, a substitute may be made in an emergency.
- I hereby give permission for my child (or ward) to participate in all school activities and attend all scheduled field trips and travel within 50 miles. School will give 24-hour notice for such field trips. I absolve and release the School, its officers, trustees, staff, faculty, employees, agents, and representatives from liability to my child or to me or any other parent, guardian, or sponsor of the child because of injury sustained at school during any school activity or during travel to and from any school activity.
- I hereby give the School permission to use my child's name, photo, film footage and any of his/her work for any news release. This is including television, website, and yearbook.
- I hereby give permission for my child (or ward) to have full access to the school network/internet for research and education as specified in the current handbook.

Signature _____ Date _____

In consideration of being allowed to wear flip flops to FH Wardlaw Academy, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from school activities does exist.
- Knowing this, I freely assume any such risk and responsibility for my child's participation.
- I, therefore, RELEASE AND HOLD HARMLESS FH Wardlaw Academy, Head of School, their officers, and its employees, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, or loss or damage to person or property.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature: _____ Date: _____

(Participant's Signature)

Tuition: 2021-2022	
K3 (Until 2:30)	\$4000.00
K4/K5	\$4,700.00
One Child (1st-12th)	\$6,050.00
Two Children (1st-12th)	\$10,625.00
Three Children (1st-12th)	\$13,620.00
Four Children (1st- 12th)	\$15,875.00

If tuition is paid in FULL by April 15, 2021, there will be a 2% discount.

I have reviewed the Tuition & Payment Plan Options for the 2020-2021 Academic Year and will pay tuition for above student as indicated below.

_____ Annually Due **April 15, 2021**
 _____ Semi-Annually Due **June 5, 2021** (1st semester) and **December 5, 2021** (2nd semester)
 _____ Quarterly Due **June 5, 2021; September 5, 2021; December 5, 2021; and March 5, 2022**
 _____ 10 Months Due by the 5th of these months; **June 2021-March 2022**
 _____ 11 Months Due by the 5th of these months; **June 2021-April 2022**
 _____ 12 Months Due each month for 12 months beginning **June 5, 2021**

***** Payments received after the 10th of each month will be charged a \$50.00 late fee.*****

Optional Payment Opportunities:

- 1) If you would like **automatic draft**, please include a voided check from your banking institution. _____
- 2) If you would like to pay with a **credit card**, please include the credit card number, the expiration date, the 3-digit code on the back of the card, and your zip code.

(All credit cards will include a 4% convenience charge.)

Credit Card # _____ Exp. _____ 3-Digit Code _____ Zip Code _____

3) Work Credit towards tuition:

A max of \$400.00 can be worked off at school-approved activities at \$8 per hour. Any such credit will be applied to the last payment of the year.

Registration Fees (non-refundable):

K3 - Grade 12: **\$250.00** per student if paid **before March 1st**; **\$350.00** if paid **March 1st or after**.

Returned Check Charge:

A \$35.00 returned check charge will be applied when the bank returns a check for insufficient funds.

Athletic Fee (Grades 5-12):

This yearly \$125.00 fee per athlete is due prior to the student participating in workouts or practices.

Withdrawal Fee:

There is a withdrawal fee of \$500 per student who is withdrawn after June 30th, 2021.

****I certify that I have disclosed all of my child's educational and social history including special needs to the school by signing this contract.***

Tuition accounts 45 days past due will be turned over from the School Business Office to the Finance Group. At that time, the Finance Group will contact account holders to schedule a meeting.

I have read and understand the above agreement and agree to the terms and conditions.

Signatures of All Parents/Guardians who are financially responsible for Student:

Parent/Guardian (*circle one*)

Signed: _____ Date: _____

Accepted: F. H. Wardlaw Academy

Date

Head of School

Wardlaw Academy does not discriminate regarding race, sex, creed, religion, color, age, or national and ethnic origin in the administration of its educational policies, applications, admissions, and all other programs.

2021-2022 Student Health Form (Required)

Forms must be completed by all Wardlaw Academy Students before entering school on the first day of the 2021-2022 school year

Student: _____ Date of Birth: _____ Grade: _____

Address _____

Mother/Guardian: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

Father/Guardian: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

Emergency Contacts: (if parents/guardians cannot be reached)

1. Name: _____ Relationship: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

2. Name: _____ Relationship: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

Medical History: (Please check all that apply. Provide additional information as needed.)

- | | | | |
|-------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Muscle weakness/paralysis | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Vision Problems | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney/bladder | <input type="checkbox"/> Migraines/headaches | |

Additional Information: _____

Allergies: (medications, food, insects, environmental – please be specific) _____

Has your child been prescribed an EpiPen? yes no

Has your child been prescribed an inhaler? yes no

Does your child take any medications? yes no If yes, explain _____

Consent for Over the Counter Medications:

I give permission for Wardlaw Academy School Staff to give the age appropriate dose of the following over the counter medications:

- | | | | |
|--|--|---------------------|--|
| Acetaminophen (Tylenol Equivalent) | <input type="checkbox"/> yes <input type="checkbox"/> no | Antacids (Tums) | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Ibuprofen (Motrin/Advil Equivalent) | <input type="checkbox"/> yes <input type="checkbox"/> no | Antibiotic Ointment | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Antihistamine for allergic reaction (Benadryl) | <input type="checkbox"/> yes <input type="checkbox"/> no | | |

Authorization and Consent for Medical Treatment

Understanding that my child may need emergency medical treatment during school hours while attending Wardlaw Academy, I authorize the School through the School's Administrative Staff and Faculty, to administer first aid or other medical treatment, as deemed best under the circumstances. I consent for my child to receive such treatment. I understand the School will attempt to notify me (or other parent/guardian named on this form), in the event of an emergency requiring immediate medical care for my child. If the School is unable to notify me, in case of a serious injury/illness, the School has my permission to arrange transportation to and treatment by a duly qualified physician at the nearest appropriate emergency hospital or clinic.

Signature of Parent/Guardian: _____