



2023-2024 Enrollment Application

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: _____

Copy SS Card: _____

Please complete one application per student.

Student's Full Name: _____ Student's Preferred 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(Required): _____

Father's Name: _____ Cell Phone: _____

Employer: _____ Contact Number: _____

Mother's Name: _____ Cell Phone: _____

Employer: _____ Contact Number: _____

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

Who has legal guardianship? _____

Emergency Contacts (other than parents/guardians)

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Please list anyone else beyond Parent/Guardians and Emergency Contacts who are authorized to pick up your child from school: _____

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

If yes, please explain: _____
(Please include the name of the school and contact person.)

Does the applicant have any physical or emotional health problems of which the school should be made aware? ___no ___yes

If yes, please describe: _____

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

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

In the event that your application is accepted, you agree to the following:

In signing this enrollment contract, I understand and agree to accept the regulations set forth by F.H. Wardlaw Academy, 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.
- 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.
- If my tuition account becomes **45** days delinquent, the account will be submitted to the financial committee of the Board of Directors for review.
- 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. The 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 includes 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.
- 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.

****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.***

Signature: _____ Date: _____
(Parent/Guardian)

Accepted by F. H. Wardlaw Academy

Signature: _____ Date: _____
(Head of School)

Please note that the following documents are required and need to be submitted to the front office by a parent or guardian before admission to Wardlaw Academy can be considered:

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.



2023-2024 Tuition

Francis Hugh Wardlaw Academy

Please complete one tuition form per family.

K3 Full Day	\$4,250.00
K4/K5 Full Day	\$4,950.00
One Child (1st-12th)	\$6,300.00
Two Children (1st-12th)	\$11,100.00
Three Children (1st-12th)	\$14,300.00
Four Children (1st- 12th)	\$16,740.00

Student(s) Name(s): _____

I have reviewed the Tuition & Payment Plan Options including payment amounts for the 2023-2024 Academic Year and would like to be billed for the above student(s) as indicated below. (Please Select One)

- _____ Annually Due **June 5, 2023**
- _____ Semi-Annually Due **June 5, 2023** (1st semester) and **December 5, 2023** (2nd semester)
- _____ Quarterly Due **June 5, 2023; September 5, 2023; December 5, 2023; and March 5, 2024**
- _____ 10 Months Due each month for 10 months beginning **June 5, 2023**
- _____ 11 Months Due each month for 11 months beginning **June 5, 2023**
- _____ 12 Months Due each month for 12 months beginning **June 5, 2023**

Payment Options for tuition payments (Please Select One):

- _____ Check made payable to Wardlaw Academy
- _____ Automatic Draft (Please include a voided check from your banking institution.)
- _____ Credit Card (5% convenience fee will be charged.)
- Credit Card #: _____ Exp. Date: _____ Billing Zip Code: _____

Fees (Non-Refundable):

- \$400 Registration Fee per student (Required and due at time of enrollment)
- \$50 Late Payment Fee (applied if payment is more than 10 days late)
- \$35 Return Check Charge (applied if the bank returns a check or a draft for insufficient funds)
- \$125 Athletic Fee (per athlete grades 6-12 and due prior to the student participating in workouts or practices)
- \$500 Withdrawal Fee (per student withdrawn after June 30th, 2023)

Discounts Available:

- 2% of tuition if paid in FULL by April 15, 2023
- \$400 (max) work credit: can be worked off at school-approved activities at \$10 per hour. Credits will be applied throughout the year to the student's account.

Tuition accounts 45 days past due will be turned over from the School Business Office to the Finance Committee. At that time, the Finance Committee will contact account holders to schedule a meeting. Student report cards/transcripts will be held if financial obligations are not met.

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:

Signature: _____ Date: _____
Parent/Guardian (circle one)

Signature: _____ Date: _____
Parent/Guardian (circle one)



2023-2024 Student Health Form

Francis Hugh Wardlaw Academy

This form must be completed by each Wardlaw Academy student before entering school on the first day of the 2023-2024 school year.

Student: _____ Date of Birth: _____ Grade: _____

Address: _____

Mother/Guardian: _____ Cell#: _____ Home/Work#: _____

Father/Guardian: _____ Cell#: _____ Home/Work#: _____

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

1. Name: _____ Relationship: _____

Best Contact Numbers Cell: _____ Home/Work: _____

2. Name: _____ Relationship: _____

Best Contact Numbers Cell: _____ Home/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? no yes, location of EpiPen: _____

Has your child been prescribed an inhaler? no yes, location of inhaler: _____

Does your child take any other medications? no yes, please 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) yes no Antacids (Tums) yes no

Ibuprofen (Motrin/Advil equivalent) yes no Antibiotic Ointment yes no

Antihistamine for allergic reaction (Benadryl) yes no

Authorization and Consent for Medical Treatment

In the event that my child needs 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 necessary 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 emergency hospital or clinic.

Signature of Parent/Guardian: _____