

Bishop Ludden Jr-Sr High School
International Application for New Admission 2020-2021

Student Name _____ DOB _____ Male _____ Female _____
Last First Middle

English Name (If applicable) _____

Address _____ Grade Applying For _____

City _____ Country _____

Parental Information:

Note: Both parents have a right to school information regarding the student unless one parent presents a legal document that states otherwise

Mother/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Employer's Name _____

Email Address _____

Father/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Employer's Name _____

Ethnic background of student (optional) _____

This information is used to complete the New York State Basic Educational Data Systems report that all public and non-public schools are required to submit

Person Responsible for Payment of Tuition - must complete in order to register your child

Name _____

Address _____ City _____ Country _____

It is agreed that tuition will be paid as indicated.

Signature of person responsible for tuition _____

Please provide your Social Security # _____

FOR OFFICE USE ONLY: Tuition Deposit Received _____ Check #/Cash: _____

Date _____

2020-2021 Tuition Charge: _____

Academic Information:

Does the student have a Behavioral Intervention Plan? Yes or No.

If Yes, what are the terms of that plan? Please provide the school with a copy of that plan. Please specify below:

Does the student require any particular accommodations to facilitate his or her participation in the educational program offered by the school, other than what has been indicated in the question above? Yes or No.

If Yes, what are those accommodations? Please specify below.

Has the student ever been tested for learning problems? Y or N

Does the student have an IEP or IESP? Y or N

Does the student have a 504 accommodation plan? Y or N

Is the student taking medication that needs to be administered during the school day? YES or NO

If so, when? _____

Emergency Contacts

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Bishop Ludden Jr-Sr High School Tuition Payment Policy
(International Students)

TUITION RATE: \$12,600 for the 2020-2021 school year (\$6,300 for half year)

HOST FAMILY FEE: \$9,000 per year (September 1-June 30) (if applicable)

APPLICATION FEE: \$200.00 per student - due with application. This fee is non-refundable.

PAYMENT POLICY:

1. A student may not begin classes if there is past-due tuition owed.
2. The privilege of participating in end of the school-year activities, including prom and graduation ceremonies, may be suspended if a student's tuition account is in arrears or not paid in full.
3. In the event that tuition is left unpaid, the school will refer your tuition account to our collection attorney and you will be responsible for all collection-related fees.

I/We have read the tuition and payment policy of the school. I/We are responsible to make tuition and fee payments for the student whose name is on this application, less any financial aid granted for the 2018-2019 school year.

I/We understand that the school must be informed of any physical, mental or emotional limitation known by the parents that could affect appropriate placement. Providing inaccurate or incomplete information during the application process will result in non-acceptance or dismissal from the school. Classroom placement is determined by the school.

I/We understand that the Student Handbook contains the official policies and procedures of the school.

Mother/Guardian's Signature

Date

Father/Guardian's Signature

Date

Student Name _____

Permission & Release Form (Please initial the following)

I authorize my student's current/former school to release my student's records, including but not limited to: Academic, Discipline, Testing, Psychological, Health, I.E.P, I.E.S.P, 504 Plans and other records necessary for consideration, to Bishop Ludden Jr-Sr High School.

_____ Yes, I understand

I request that my home school district loan to my child the textbooks required for his/her education and hereby authorize the principal of the school to act as my agent in the implementation of this request. I understand that all books loaned to my child are to be maintained in good condition and that said child will be responsible for the loss or excessive damage to these books.

_____ Yes, I understand

As the parent/guardian of the student, I grant permission for my daughter/son to access networked computer services such as email and the internet. I have read and agree to the TERMS AND CONDITIONS, as listed on the Bishop Ludden website.

I have read and understand the tuition policy and payment policy for Bishop Ludden.

_____ Yes, I understand

Students' photos may be taken while they're attending class or civic functions within the school grounds. In order to allow your child's photo to be published for marketing/publicity relating to Bishop Ludden your permission must be given.

Parent/Guardian please select one and initial:

_____ I GRANT permission for my child's photo to be published for marketing/publicity for Bishop Ludden

_____ I DO NOT GRANT permission for the use of my child's photo for marketing/publicity for Bishop Ludden

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____