



Application for Admission

Fall & Spring Semesters
for summer enrollment visit bohs.com/summer

DATE: _____/_____/_____

PLEASE TELL US ABOUT: The Student

Student's Name: _____
(First) (Middle) (Last)

Student Goes By: _____ Social Security #: _____

Date of Birth: ____/____/____ Age: _____ Sex: Male Female Current Grade Level: _____

Student's Home Address: _____
(Street)

(City) (State) (Zip)

Home Phone Number: _____ Student's Wireless: _____

Student's Email Address: _____

Check If Appropriate:

- Parents Married Mother Remarried Mother Deceased
- Parents Separated Father Remarried Father Deceased

Student Lives With: _____

School last attended: _____ City, State: _____

Has the student ever skipped or repeated a grade? _____ Explain: _____

Explain any special circumstances that may have affected the student's education (i.e. illness, learning difference, physical handicap, etc.)

PLEASE TELL US ABOUT: Contact Person One (person living with student & primary day contact)

- Mother Father Step-Father Step-Mother Aunt Uncle Grandparent Other

Name: _____

Work Number: _____ Wireless: _____

Email: _____

Occupation: _____

(application continues)

PLEASE TELL US ABOUT: Contact Person Number Two

Mother Father Step-Father Step-Mother Aunt Uncle Grandparent Other

Name: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Home Number: _____

Work Number: _____ Wireless: _____

Email: _____

Occupation: _____

PLEASE TELL US ABOUT: Person Responsible for Tuition – If Different

Mother Father StepFather StepMother Aunt Uncle Grandparent Other

Name: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Home Number: _____

Work Number: _____ Wireless: _____

Email: _____

PLEASE TELL US ABOUT: Emergency Contact – Not Already Listed

Mother Father StepFather StepMother Aunt Uncle Grandparent Other

Name: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Home Number: _____

Work Number: _____ Wireless: _____

Email: _____

(application continues)

PERMISSION FOR MEDICAL TREATMENT

Student's Name _____

Parent's Home Phone(____)_____ Business Phone(____)_____

Person other than Parent to be notified in case of Emergency:

Name _____ Phone(____)_____

Family Doctor _____ Phone(____)_____

In the event of an emergency occurring while my daughter/son is at school or on a school-sponsored trip, I hereby grant permission to the School and/or its employees to take whatever action is deemed necessary. In the event I cannot be reached, I hereby authorize the School and/or its employees to give consent for my daughter/son to receive medical treatment.

Parent's Signature _____ Date ____ / ____ / ____

If you do not give permission or authorization for consent to medical treatment, what procedure should be followed? (please state)

Medical Information:

What was the date of your student's last Tetanus shot? _____

To your knowledge, is she/he allergic to any medications? (please list)

If the student is receiving medication, please list name of medication, dosage, and time to be taken _____

Please list/describe any specific health problems or medical information that might be relevant in case of illness/accident _____

**PERMISSION AND RELEASE FOR FIELD TRIPS AND
PHYSICAL EDUCATION CLASSES AND ACTIVITIES**

My student, _____, has permission to go on all school sponsored/sanctioned field trips and physical education classes and activities. I understand that transportation will be provided by one, or several, or all, of the following:

- a.) Charter bus**
- b.) School van**
- c.) Teacher or administration vehicle(s)**
- d.) Student vehicle(s)**
- e.) On foot**

I, the parent/guardian of the above named student, in consideration of Bending Oaks High School agreeing to take my child on school sponsored field trip(s) and to allow my child to participate in physical education classes and activities, hereby give my approval for her/his participation therein. I HEREBY RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS BENDING OAKS HIGH SCHOOL AND ITS PERSONNEL FROM ALL LIABILITY, LOSS, DAMAGE, OR INJURY INCURRED BY MY DAUGHTER/SON DURING THESE PERIODS OF TIME, INCLUDING, BUT NOT LIMITED TO ANY LOSS, DAMAGE OR INJURY CAUSED BY THE NEGLIGENCE OF BENDING OAKS HIGH SCHOOL OR ITS PERSONNEL. I also acknowledge that my child has been directed by me to comply with the rules in the Bending Oaks Student Handbook prohibiting the drinking of alcoholic beverages and smoking at any time during these field trips, classes, or activities; and that appropriate behavior by my child is required at all times. Failure to comply with the rules as stated may result in expulsion of the student or other punishment the school administration or staff finds appropriate.

Parent Signature

Date

I have read the above rules, as well as the Bending Oaks Student Handbook. I understand and agree to abide by these rules and the rules of the Student Handbook.

Student Signature

Date





ENROLLMENT AGREEMENT

THIS AGREEMENT made this _____, by and between Bending Oaks, Incorporated, (hereinafter "School") and,

_____ as parent(s) or guardian(s)

(hereinafter "Parent") for _____ (hereinafter "Student")

WHEREAS, School is an accredited institution for secondary education; and

WHEREAS, Parent desires to enroll Student in School;

NOW, THEREFORE, in consideration of the covenants and promises made herein, the parties hereto agree as follows:

- 1. This agreement shall be effective until such time as the Student withdraws from the School or the School dismisses or expels the Student, whichever is earlier.
2. School agrees to perform all reasonable and necessary services as an institution of secondary education for the term prescribed above leading toward the acquisition of a High School Diploma for the Student to be enrolled in School.
3. In consideration of the services to be performed by School, Parent agrees to pay all fees referred to in the School Handbook, as the fees may change from time to time, and authorizes the School to charge tuition payment(s) to their Credit Card(s).
4. School reserves the right to dismiss a Student from any class for failure to comply with School rules and policies, which the parties acknowledge have been made known to Student and Parent.
5. School reserves the right to dismiss a Student for non-payment of fees or expenses. However, the failure of School to dismiss a Student for non-payment of fees shall not constitute a waiver of School's right to do so or to pursue any other remedies available at law, or in equity, to collect them.
6. In the event collection thereof becomes necessary, Parent agrees to pay, in addition to the fees and expenses in arrears, a collection fee of TWO HUNDRED FIFTY AND NO/100 dollars (\$250.00), 3% interest on the unpaid balance, per month, until paid, and attorney's fees and expenses, if any.
7. School reserves the right to make student submit to Drug Testing at any time, and if found positive the Student may be expelled at the discretion of the School.
8. Parent acknowledges that deposits and tuition are non-refundable.
9. Parent acknowledges that throughout the school year, Student may be highlighted in efforts to promote School activities and achievements. For example, Student may be featured in materials to increase public awareness of our School through newspapers, web, displays, brochures, and other types of media.
10. Parent & Student acknowledge that they have read, understand and accept all terms, conditions, polices, rules and regulations, in the School Handbook, which may be amended at any time at the School's discretion and which is hereby incorporated and made part of this agreement.
11. School shall not be liable for any loss or damage sustained by the Student. I HEREBY RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS BENDING OAKS HIGH SCHOOL AND ITS PERSONNEL FROM ALL LIABILITY, LOSS, DAMAGE, OR INJURY INCURRED BY MY DAUGHTER/SON DURING THIS PERIOD OF TIME, INCLUDING, BUT NOT LIMITED TO ANY LOSS, DAMAGE OR INJURY CAUSED BY THE NEGLIGENCE OF BENDING OAKS HIGH SCHOOL OR ITS PERSONNEL. I also acknowledge that my child has been directed by me to comply with the rules in the Bending Oaks Student Handbook
12. Parent agrees to reimburse School for all losses or damages incurred by School as a result of the negligence or intentional conduct caused by the enrolled Student.
13. If Parent withdraws Student or Student is dismissed / expelled, tuition is non-refundable. If Parent is making monthly tuition payments, all payments (for the current semester), past, present and future are immediately due and payable in full.
14. If Parent desires to terminate this agreement during a semester break (Summer, or Winter) written notice must be received by the school at least thirty (30) days prior to the first day of classes. If such notice is not timely received, Parent will be responsible for a one thousand dollar (\$1000) termination fee.
15. School reserves the right to withhold school records including, but not limited to, transcripts, grade reports, and test scores, until all financial obligations have been fulfilled.

EXECUTED as of the day first above written.

By: _____ ADMINISTRATOR

By: _____ PARENT or GUARDIAN

REQUEST FOR RECORDS

Bending Oaks

DATE: _____

TO: _____

STUDENT: _____ D.O.B.: ____/____/____

CURRENT GRADE: _____

The above named student has enrolled in Bending Oaks High School. Please send, **fax if possible**, the following information:

- _____ Official Transcript
- _____ Permanent Health Record
- _____ Test Scores
- _____ Current Grades
- _____ Diagnostic Testing Results

"I give my permission for the above named school to release all school records containing but not limited to: transcript of credits, grades, test results, health/immunization, diagnostic testing, and recommendations, and/or any special provisions."

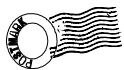


We prefer that you FAX records to:

972.232.2290

Signature of Parent/Guardian

Thank you.



If FAX is not possible mail records to:

School Official

**Bending Oaks School
11884 Greenville Avenue
Suite 120
Dallas, Texas 75243**