**Part I**

*Being mindful that Westside Baptist Academy is an instructional rather than a corrective institution, I understand that each pupil is expected to maintain a high standard of discipline both on and off campus.*

*I understand that it is my responsibility to discipline my child in such a manner that correction at school will be at a minimum. This will give the school a maximum of teaching time, thereby providing a better education for my child.*

*If circumstances are such that disciplinary measures used in the daily routine of the school are insufficient, I understand that the school reserves the right to call me and request that I pick up my child and administer discipline in my home. Unless informed otherwise, the child may return to school the next day.*

*I will cooperate with the teachers by giving special help in areas needing improvement. I will read my child’s progress reports and discuss with the teacher or administration any questions or problems.*

*I will teach my child to respect me as his/her parent, his/her teacher, and all God–given authorities.*

*I understand and agree to the financial agreement. I agree to make all tuition payments and to pay all fees regularly and on time. I understand that assessments will be made to cover damage to school property by my child. I understand that if tuition is not paid within ten days (25th) of the due date (15th), a $20.00 late charge will be added. I understand that report cards and records will be withheld if payments are not made in full.*

*I grant Westside Baptist Academy permission to forward records on my child to other institutions of learning or places of employment upon request.*

*I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in all school activities such as recess, physical education, and field trips. I agree to absolve the school from liability to me or my child because of injury to my child at school or during any school activity.*

*If my child has any medication to be taken during school hours, I will send both the medication and written instructions to the school office.*

*I understand that it is my responsibility to inform the school immediately of any changes in address, phone number, medical or insurance information, family status, or child custody.*

*If, for any reason, my child does not respond favorably to Westside Baptist Academy or if requested by the administration to withdraw, I will withdraw him quietly and without delay.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Parent or Guardian*

**Part II**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be taken to the nearest doctor or hospital and receive medical treatment in case of emergency. I agree to be financially responsible for such treatment.

Allergies or other physical problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Father’s Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mother’s Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Guardian’s Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Friend or Relative to contact in case of emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship of Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_ | Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medical Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The above named student may take Tylenol Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ | | |

I (We), the undersigned parents or guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understood both Part I and Part II of the Parent (Guardian) Agreement and promise to abide by the rules and regulations of Westside Baptist Academy. I (We) also agree to pay in full the Tuition and Fees as presented by the Financial Page. I (We) further agree that any dispute over terms, conditions, breaches, inceptions, or financial disputes or performances under this agreement, shall be resolved by submitting the dispute to (a) a mutually agreed upon mediator, and in the event mediation does not resolve the dispute, (b) binding arbitration. The parties waive the right to commence judicial proceedings in a Court of law, and agree to resolve and disputes as described above by A and B and is applicable to all provisions of the Westside Baptist Academy terms and conditions as described in Part (1) one, and Part (2) two.

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

Parent Signature Driver’s License No.

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

Guardian’s Signature Driver’s License No.

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Known to be the person (persons) whose name (names) is (are) subscribed to the foregoing instrument and acknowledged to me that he (she) (they) executed the same for the purposes and consideration therein expressed.

Subscribed and Sworn to before me, this \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_\_\_\_\_\_AD

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

Notary Public for Harris County, Texas