

Westside Baptist Academy

AGREEMENT OF PARENT OR GUARDIAN

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 \$25.00 late charge will be added. I understand that report cards and records will be withheld if payments are not made in full. Furthermore, I understand that once my child is enrolled in a semester, I am obligated to pay tuition for the entire semester.

learning or places of employment upon request.	ard records on my child to other institutions of
I give permission for	bsolve the school from liability to me or my child
I grant Westside Baptist Academy permission to use ph and school activities to be used in WBA promotional a social media.	· ·
If my child has any medication to be taken during sch written instructions to the school office.	hool hours, <u>I will send both the medication and</u>
I understand that it is my responsibility to inform the phone number, medical or insurance information, family	
If, for any reason, my child does not respond favorably to administration to withdraw, I will withdraw him quietly	
Sign	nature of Parent or Guardian



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Part II

I give permission for	Date of Bi	rth	to be taken to
the nearest doctor or hospital and recei	ive medical treatment in cas	e 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			
Mother's Place of Employment		Phone #	
Guardian's Place of Employment		Phone#	
Friend or Relative to contact in case of emo			
Relationship of Emergency Contact	<u> </u>		
Doctor's Name		Phone #	
Medical Insurance Company			
Policy Number		Phone #	
The above-named student may	take Tylenol Yes	No No	
the dispute to (a) a mutually agreed upon dispute, (b) binding arbitration. The partion of law, and agree to resolve and disputes a of the Westside Baptist Academy terms an	es waive the right to commend as described above by A and B	ce judicial procee and is applicable	dings in a Court to all provisions
	Parent Signature	Drive	r's License No.
	Guardian's Signature	Drive	er's License No.
BEFORE ME, the undersigned authority, Known to be the person (persons) whose nacknowledged to me that he (she) (they) expressed.	ame (names) is (are) subscribe	d to the foregoing	
Subscribed and Sworn to before me, this _	day of	, 20 _	AD
	Notary Public for	· Harris County, '	Texas