**Bitterroot Heritage Academy**

**NEW STUDENT APPLICATION**

Bitterroot Heritage Academy admits students of any race, sex, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Bitterroot Heritage Academy does not discriminate on the basis of race, sex, or national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.

**Student Information**

|  |  |
| --- | --- |
| **Legal Name****(First, M.I., Last):** |   |
| **Nickname:** |   |
| **Gender:** | [ ]  Male [ ]  Female |
| **Grade to Enter:** |   |
| **Birthdate:** |   |
| **Primary Residence:** | Street: City: State: Zip:  |
| **Student Email** **(if applicable):** |   |
| **Student Cell Phone (if applicable):** |   |
| **Student Race/Ethnicity:** | [ ]  White, Non-Hispanic [ ]  Asian[ ]  American Indian/Alaska Native [ ]  Black/African American[ ]  Hispanic/Latino [ ] Native Hawaiian/Pacific Islander[ ]  Other |

**ACADEMIC HISTORY**

|  |
| --- |
| [ ]  Student has only been home-schooled |
| **Prior School 1** |
| School Name:  | City/State:  |
| From (grade): to (grade):  | Reason for Leaving:  |
| **Prior School 2** |
| School Name:  | City/State:  |
| From (grade): to (grade):  | Reason for Leaving:  |

**PARENT/GUARDIAN INFORMATION**

|  |
| --- |
| **Parent/Guardian 1** |
| **Name:** |   |
| **Contact Info:** | Cell Phone: Email:  |
| **Address:** | Street: City: State: Zip:  |
| **Relation to Student:** | [ ]  Father [ ]  Mother [ ]  Step-parent[ ]  Other:  |
| **Parent/Guardian 2** |
| **Name:** |   |
| **Contact Info:** | Cell Phone: Email:  |
| **Address:** | Street: City: State: Zip:  |
| **Relation to Student:** | [ ]  Father [ ]  Mother [ ]  Step-parent[ ]  Other:  |
| **Parent/Guardian 3** |
| **Name:** |   |
| **Contact Info:** | Cell Phone: Email:  |
| **Address:** | Street: City: State: Zip:  |
| **Relation to Student:** | [ ]  Father [ ]  Mother [ ]  Step-parent[ ]  Other:  |
| **Parent/Guardian 4** |
| **Name:** |   |
| **Contact Info:** | Cell Phone: Email:  |
| **Address:** | Street: City: State: Zip:  |
| **Relation to Student:** | [ ]  Father [ ]  Mother [ ]  Step-parent[ ]  Other:  |

**EMERGENCY CONTACTS**

*Please include three emergency contacts and list them in order of priority*.

|  |
| --- |
| **Emergency Contact 1:** |
| **Name:** |   |
| **Relation to Student:** | [ ]  Father [ ]  Mother [ ]  Step-parent[ ]  Other:  |
| **Cell Phone:** |   |
| **Work Phone:** |   |
| **Employer/Position:** |   |
| **Emergency Contact 2:** |
| **Name:** |   |
| **Relation to Student:** | [ ]  Father [ ]  Mother [ ]  Step-parent[ ]  Other:  |
| **Cell Phone:** |   |
| **Work Phone:** |   |
| **Employer/Position:** |   |
| **Emergency Contact 3:** |
| **Name:** |   |
| **Relation to Student:** | [ ]  Father [ ]  Mother [ ]  Step-parent[ ]  Other:  |
| **Cell Phone:** |   |
| **Work Phone:** |   |
| **Employer/Position:** |   |

**MEDICAL INFORMATION**

*If you answer yes to any of these questions, the school will contact you to discuss specific details.*

Does the student have any allergies? [ ]  No [ ]  Yes (list):

Please explain accommodations needed for these allergies:

Does this student require an EpiPen for an allergic reaction? [ ]  No [ ]  Yes

Does this student require an inhaler for asthma? [ ]  No [ ]  Yes

**ADDITIONAL STUDENT INFORMATION**

**Is this student currently on an educational and/or service plan?**

|  |  |  |
| --- | --- | --- |
| [ ]  No[ ]  Yes | *If yes, type of plan*:[ ]  Individualized Education Plan (IEP)   | *Reason for plan*: \_\_\_\_\_\_\_\_\_\_\_\_ |

**Have any of the following ever applied to this student?**

|  |  |  |
| --- | --- | --- |
| [ ]  ADHD/ADD diagnosis | [ ]  Alcohol consumption | [ ]  Anger management issues |
| [ ]  Anxiety disorder diagnosis | [ ]  Asthma requiring inhaler | [ ] Autism/Asperger’s diagnosis |
| [ ]  Behavior concerns | [ ]  Bullying | [ ]  Depression diagnosis |
| [ ]  Eating disorder diagnosis | [ ]  Hearing impairment | [ ]  Illegal drug use |
| [ ]  Self-harm behavior | [ ]  Smoking/Vaping | [ ]  Speech impairment |
| [ ]  Suicidal ideations | [ ]  Visual Impairment |  |

[ ]  Repeating a grade was recommended (explain):

[ ]  Skipping a grade was recommended (explain):

[ ]  Suspension or expulsion from school (explain):

[ ]  Testing or recommended testing for giftedness (explain):

[ ]  Testing or recommended testing for learning disability (explain):

[ ]  Accused or convicted of committing a crime:

Is there anything else about this student you think the school should know?

Do you know your child’s learning style? (Kinesthetic, audio, visual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why did you choose BHA for your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PARENT AGREEMENT**

**THIS PARENT AGREEMENT CONTAINS A LIABILITY RELEASE AND INDEMNIFICATION, MEDICAL CONSENT, AND IMAGE RELEASE THAT IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY BEFORE SIGNING.**

In consideration for the participation of the above-named student (“Child”) in Bitterroot Heritage Academy activities, I hereby agree to and make the following representations and agreements in this Parent Agreement (“Agreement”):

**Assumption of Risk; Indemnification**: I understand that my Child will be given the opportunity to participate in field trips, extracurricular, athletic, outdoor, and/or other activities that will be supervised by Bitterroot Heritage Academy teachers and staff, and such teachers and staff will make every effort to ensure my Child’s safety. I further understand that Bitterroot Heritage Academy field trips, extracurricular, athletic, outdoor, and/or other activities are valuable and necessary parts of the educational program at Bitterroot Heritage Academy and that they can be both physically and emotionally challenging. However, I acknowledge that field trips, extracurricular, athletic, outdoor, and/or other activities carry an inherent risk of injury and a risk of infection with COVID-19 or other transmissible illness. I expressly assume all risks of my Child participating in Bitterroot Heritage Academy activities, whether the risks are known or unknown to me at this time. I agree to release, indemnify, hold harmless, and forever discharge Bitterroot Heritage Academy and its board of directors, officers, employees, teachers, staff, volunteers, agents, representatives, affiliates, sureties, successors, and assigns (“Releasees”), from any and all claims or damages arising from Child’s participation in its activities and programs, whether caused by Releasees’ negligence or any other cause. I further represent that Child has current medical insurance coverage and/or I will pay any damages or expenses associated with any injuries Child may incur while participating in Bitterroot Heritage Academy activities. If I should ever decide to disallow my Child’s participation in any activity based on my unwillingness to accept the risks involved, then I shall notify the appropriate staff member or volunteer well before the activity, and I will participate in proposing or creating an acceptable alternative activity which is reasonably likely to meet or further the goal of the skipped program.

**Medical Consent:** In the event that my Child is injured or ill and requires medical attention, I understand that Bitterroot Heritage Academy will attempt to contact a parent or guardian. If Bitterroot Heritage Academy is unable to reach a parent or guardian, I hereby give Bitterroot Heritage Academy and its agents and representatives permission to provide or obtain medical attention for my Child if, in the agent’s opinion, such need arises. I agree to pay all fees and costs arising from an action to obtain medical treatment for my Child. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including but not limited to medical, diagnostic, surgical and hospital procedures, and again, I agree to pay for the medical treatment. I will not hold Bitterroot Heritage Academy or its agents, representatives, teachers, employees, staff, officers, or board of directors liable for any injury resulting from such medical attention.

**Financial Obligations**: I agree that I am financially responsible for the services provided by Bitterroot Heritage Academy for my Child. I understand that my failure to make timely payments may jeopardize my Child’s enrollment and result in Bitterroot Heritage Academy charging late fees and interest. I further understand that Bitterroot Heritage Academy may place any amount owed with a collection agency and that I will be responsible for all costs of collection, court costs, process serving and/or levying fees, as well as the collection agency’s attorneys’ fees.

**Image Release:** I understand that photographs or video recordings may be taken of Bitterroot Heritage Academy activities, and that such photographs and video recordings may include images of my Child as a participant. I hereby grant Bitterroot Heritage Academy a license and my consent to use my Child’s image in any media on Bitterroot Heritage Academy’s website, publications, advertising, or promotional materials. I agree that my Child’s image may be combined with other images, text and graphics, and cropped, altered, or modified. I acknowledge and agree that this image release is binding upon my heirs and assigns. I agree that this image release is irrevocable, worldwide and perpetual, and will be governed by the laws of the State of Montana. If I do not consent to such image release, I understand that I must notify the Bitterroot Heritage Academy Head of School in writing.

**Authority and Consent**: I expressly represent and warrant that I am the parent and/or legal guardian of the Child and that I have legal authority and capacity to execute this Agreement on my own behalf and on behalf of the Child. I have read this Agreement and the Code of Conduct and I am fully familiar with the contents hereof. I hereby consent to and adopt the permissions, waivers, agreements, and representations stated in this Agreement.

**Binding Agreement**: I agree, for myself and my successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert any claim in contravention of this Agreement, the asserting party shall be liable for the expenses (including legal fees and costs) incurred by the other party or parties in defending, unless the other party or parties are finally adjudged liable on such claim for fraud, willful and wanton negligence resulting in injury, and/or willful violation of law.

**Limitation on Liability:** TO THE EXTENT NOT PROHIBITED BY LAW, IN NO EVENT SHALL BITTERROOT HERITAGE ACADEMY BE LIABLE FOR ANY DAMAGES, INCLUDING THOSE RESULTING FROM PERSONAL INJURY OR ANY INCIDENTAL, SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES SUSTAINED, HOWEVER CAUSED, REGARDLESS OF THE THEORY OF LIABILITY, IN EXCESS OF THE AMOUNT OF TEN THOUSAND DOLLARS ($10,000).

**Miscellaneous**: This Agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as a consent to any other provision herein or as a consent to any subsequent waiver or modification. Every term and provision of this Agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable. This Agreement shall be enforced in accordance with the laws of the State of Montana.

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

**Signature of parent or legal guardian Printed name Date**

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

**Signature of parent or legal guardian Printed name Date**