



**Redemptorist St. Gerard School**  
 3655 St. Gerard Avenue  
 Baton Rouge, Louisiana 70805  
 Phone 225-355-1437 Fax 225-355-1879

## APPLICATION FOR REDEMPTORIST ST. GERARD SCHOOL

Please fill out completely in Blue/Black ink. Incomplete applications, including missing attachments, will delay your application process.

Current Date: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Sibling of \_\_\_\_\_ Grade \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Nickname (if used in school) \_\_\_\_\_

\_\_\_\_\_

Student's Street Address / City / Zip Code: \_\_\_\_\_ Student's Home Phone #: \_\_\_\_\_ Race\Sex: \_\_\_\_\_

\_\_\_\_\_

Student's Religion: \_\_\_\_\_ Student's Social Security # (Last 4 Digits): \_\_\_\_\_

Student's Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Student's Birth Cert.#: \_\_\_\_\_

Student's Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Student Resides With: \_\_\_\_\_ (example: Mother/Father, Mother/Stepfather, Etc.)

Parents' Marital Status (please check): Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Remarried \_\_\_\_\_ Single \_\_\_\_\_

Father's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Father's Place of Business/Occupation \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Religion \_\_\_\_\_ Father: \_\_\_\_\_ Deceased \_\_\_\_\_ Living \_\_\_\_\_ Email: \_\_\_\_\_

Father's Social Security Number (Last 4 Digits) \_\_\_\_\_

Mother's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Mother's Place of Business: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Mother: \_\_\_\_\_ Deceased \_\_\_\_\_ Living \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Social Security Number (Last 4 Digits): \_\_\_\_\_

Who is responsible for payment of tuition:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Baptism**

**First Communion**

**First Reconciliation**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Church: \_\_\_\_\_

Church: \_\_\_\_\_

Church: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

In case of illness or emergency during school hours, please list a name and local phone number of persons we may contact (OTHER THAN mother or father) - possibly a neighbor or relative IN TOWN ONLY.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List the student's doctor and phone number:

Dr's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List your hospital preference (in Baton Rouge):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this student taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain why:

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

Does this child have allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No Allergic To: \_\_\_\_\_

Was this pupil enrolled at any time in any type of special education class \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what school: \_\_\_\_\_ Please provide a current copy of the Individual Educational Plan (IEP)

Was this child ever provided a 504 Plan \_\_\_\_\_ Yes \_\_\_\_\_ No Please provide a copy of most current Individual Accommodation Plan ( IAP).

Did this pupil receive any type of remedial tutoring at any time? When: \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No Place \_\_\_\_\_

Was this pupil tested for a Gifted and Talented Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide a copy of the evaluation.

Was this pupil diagnosed with one or more of the following: (Please circle each diagnosis)

Characteristics of Dyslexia (Reading Disorder), ADD/ADHD, Mathematics Disorder, Disorder of Written Expression, Expressive Language Disorder, Mixed Receptive-Expressive Language Disorder, Autism, Asperger's Disorder, Other Health Impairment.

Does your child wear prescriptive corrective lenses (glasses or contacts)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Because of the possibility of limited space available to incoming students, we ask that you please complete the following so that our Admissions Committee can evaluate your application to RSG and conform with the Diocesan Policy on acceptance of new students.

If you are a registered parishioner in a Catholic Church Parish, in which parish are you registered?

Name of Catholic Church: \_\_\_\_\_

If you are a registered Catholic Church parishioner, when did you register with your church parish?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Are you active in church or school organizations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of organizations:

\_\_\_\_\_

Moved to Baton Rouge from:

\_\_\_\_\_ (If Applicable)  
City State Year

Reason for wanting your child to attend RSG:

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

**Be sure that you have included copies of current report cards, current standardized test scores, birth certificate, immunization record, student's social security card, parent/guardian(s) social security card, copy of parent/guardian(s) driver's license or state ID, psychological testing (if applicable), and Catholic Baptismal Certificate (if applicable). Incomplete applications may result in a delay in processing.**

Schools Previously Attended by this applicant

Please list previous schools attended. For most recent school, include the school's address so we can request records should we offer your child admission.

<u>Grade</u>	<u>Year</u>	<u>Name of School</u>	<u>City</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**2017/2018 Tuition and Fees**

New Student Application Fee: \$25.00 (non-refundable)  
Registration Fee: \$400.00 per student (non-refundable) Due at time of registration.  
Lap Top Fee: \$150.00 (6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades only) (non-refundable)  
Tuition: \$5,800.00

Dept. of Special Education Contact Bethany Robicheaux (225) 336-8735

**\*\*If fees are not paid by August 1<sup>st</sup>, student will not be able to start school.**

**Please check the appropriate line:**

\_\_\_\_\_ **Tuition Paying Student** – Remit Registration Fee with Application and indicate the following:

\_\_\_\_\_ Tuition will be paid in full by 07/01/2017 or \_\_\_\_\_ FB&T tuition loan will be created for amount owed.

\_\_\_\_\_ **ACE Scholarship Student** – Re-apply online for 2017/18 Year scholarship and remit Registration Fee w/Application)

\_\_\_\_\_ Tuition difference will be paid in full by 07/01/2017 or \_\_\_\_\_ FB&T tuition loan will be created for amount owed.

\_\_\_\_\_ **Louisiana State Scholarship Student** - Please complete and return Application Only

\*\*It is a policy of RSG that all fees and tuition are to be prepaid to the school or by a loan through First Bank & Trust.

**EXTENDED CARE:** RSG offers an after school extended care program. Please see front office for more information.

**Admissions:** RSG admits students of any race, color, creed, and ethnic or national origin. Kindergarten applicants must be five years old no later than September 30 of the school year for which they are applying. Pre-Kindergarten applicants must be 4 years old by September 30th.

**Thank you for your application to Redemptorist St. Gerard School!**

I verify to the best of my ability that all information on this application is correct. I understand that falsification of this information may result in rejection of the application or dismissal from the school once my child is enrolled.

**I also understand that I am obligated to pay my share of the operational costs of the school by remitting my assessed tuition and fees as prepaid tuition/fees or through the First Bank & Trust Tuition Loan.**

Parents are expected to show an interest in the education of their children by cooperating with the administration and faculty in school matters. **“Failure to abide by the regulations and policies of the school handbook by either the student or his/her parent/guardian may result in the student’s removal from the school.”** (Administrative Manual: 5.8.1)

All students who are offered admission to RSG are accepted on probation for one school year. The intention of the probationary period is to ensure that the student is capable of the academic and behavioral demands of the school and parent/guardian fulfills all obligations.

\_\_\_\_\_  
Date Signature of Parent/Guardian

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**OFFICE USE ONLY**

Current Date: \_\_\_\_\_ Accepted by: \_\_\_\_\_ Application Fee Paid: \_\_\_\_\_ (New Student Only)

Registration Fee Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Tuition (Prepaid in Full or Loan): \_\_\_\_\_

Special Conditions:

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

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