



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 (6th, 7th, and 8th 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 1st, 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

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:

