



# REDEMPTORIST ST. GERARD SCHOOL

## APPLICATION FOR ADMISSION 2018-2019

Grade Entering 2018-2019: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### STUDENT INFORMATION

FOR OFFICE USE ONLY:

Date/Time Rcvd: \_\_\_\_\_

Interview Date/Time: \_\_\_\_\_

Accepted \_\_\_\_\_ Denied \_\_\_\_\_

Packet Mailed: \_\_\_\_\_

Records Requested: \_\_\_\_\_

Records Rcvd: \_\_\_\_\_

Reg Fee Paid: \_\_\_\_\_

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name                                      Goes by (only if used at RSG)

\_\_\_\_\_  
Current Street Address                                      City & State                                      Zip Code

\_\_\_\_\_  
Home Phone Number                                      Race                                      Sex                                      Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Civil Parish of Residence                                      Student SSN

\_\_\_\_\_  
Religious Affiliation                                      Registered Church Parish

\_\_\_\_\_  
Father's Name                                      Mother's Name

Parents' Marital Status (please circle):    Married                                      Divorced                                      Separated                                      Only Parent

Student Resides with:                      Mom & Dad                      Mom                      Dad                      Mom & Stepdad                      Dad & Stepmom  
   Grandparent                      Guardian                      Other: \_\_\_\_\_

Person Responsible for Tuition/Fees:    Mother                      Father                      Other: \_\_\_\_\_

Siblings at RSG: Please list any siblings currently at RSG and their grade level

**Previous Educational Information:** Please list all schools, including any preschool programs, your child has attended. Place most recent school first, **so that we can request records from that school.** Attach an additional list if needed.

NAME OF SCHOOL                                      CITY, STATE                                      GRADE LEVEL(S) ATTENDED

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

Does your child have a medical diagnosis?  Yes  No If yes, what accommodations, if any, were made?

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Was your child enrolled at any time in any type of special education class?  Yes  No  
If yes, please provide a copy of the evaluation.

Did your child receive any type of remedial tutoring at any time?  Yes  No If yes, please explain.

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Does your child have a "Specific Learning Disorder" diagnosis, speech or language impairment, visual or hearing impairment, etc.?  Yes  No If yes, please provide a copy of the evaluation.

**Sacraments Received (for Catholic students only):** (Please include a copy of all sacrament certificates)

	Church	City, State	Date
Baptism	_____	_____	_____
First Communion	_____	_____	_____
First Reconciliation	_____	_____	_____

**Student Medical Information:**

Doctor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

My child has no medication conditions at this time.

Please check if student has been diagnosed with any of the following problems:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD (Circle One)       | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Hearing Difficulties  |
| <input type="checkbox"/> Depression/Anxiety Disorder | <input type="checkbox"/> Frequent Nosebleeds      | <input type="checkbox"/> Eye Problems (lazy eye, color blindness, vision divculties) |
| <input type="checkbox"/> Migraine Headaches          | <input type="checkbox"/> Chronic Stomach Problems | <input type="checkbox"/> Wears eyeglasses/contacts                                   |
| <input type="checkbox"/> Seizure Disorder            | <input type="checkbox"/> Skin Problems            | <input type="checkbox"/> Speech  |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Heart/Blood Conditions   | <input type="checkbox"/> Other (Please explain)                                      |
| <input type="checkbox"/> Arthritis                   | <input type="checkbox"/> Tubes in Ears            |  |

Please provide further explanation of any of the above: \_\_\_\_\_

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Has your child ever had surgery or serious injuries? Please explain. \_\_\_\_\_

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Has your child ever had a serious allergic reaction to any of the following, which would require emergency care?

Ant bites  Bee Stings  Latex  Food  Medication

Please explain nature of reaction and type of intervention needed:

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Is your child taking any daily medication?  Yes  No If yes, please explain and give name, dosage, and time given. \_\_\_\_\_



\_\_\_\_\_  
Mother's Home Phone Number

\_\_\_\_\_  
Mother's Cell Phone Number

\_\_\_\_\_  
Mother's Work Phone Number

\_\_\_\_\_  
Mother's Email Address

\_\_\_\_\_  
Mother's Occupation

\_\_\_\_\_  
Mother's Employer

\_\_\_\_\_  
Mother's Religious Affiliation

Is mother a graduate of RSG? \_\_\_ Yes \_\_\_ No Year:  
Is mother a graduate of RHS? \_\_\_ Yes \_\_\_ No Year:

**GUARDIAN:**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Initial**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Goes by**

\_\_\_\_\_  
Guardian's Current Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Guardian's Home Phone Number

\_\_\_\_\_  
Guardian's Cell Phone Number

\_\_\_\_\_  
Guardian's Work Phone Number

\_\_\_\_\_  
Guardian's Email Address

\_\_\_\_\_  
Guardian's Occupation

\_\_\_\_\_  
Guardian's Employer

\_\_\_\_\_  
Guardian's Religious Affiliation

Is guardian a graduate of RSG? \_\_\_ Yes \_\_\_ No Year:  
Is guardian a graduate of RHS? \_\_\_ Yes \_\_\_ No Year:

**STEPFATHER:**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Initial**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Goes by**

\_\_\_\_\_  
Stepfather's Current Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Stepfather's Home Phone Number

\_\_\_\_\_  
Stepfather's Cell Phone Number

\_\_\_\_\_  
Stepfather's Work Phone Number

\_\_\_\_\_  
Stepfather's Email Address

\_\_\_\_\_  
Stepfather's Occupation

\_\_\_\_\_  
Stepfather's Employer

\_\_\_\_\_  
Stepfather's Religious Affiliation

Is he a graduate of RSG? \_\_\_ Yes \_\_\_ No Year:  
Is he a graduate of RHS? \_\_\_ Yes \_\_\_ No Year:

**STEPMOTHER:** \_\_\_\_\_

First Name

Middle Initial

Last Name

Goes by

Stepmother's Current Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Stepmother's Home Phone Number \_\_\_\_\_

Stepmother's Cell Phone Number \_\_\_\_\_

Stepmother's Work Phone Number \_\_\_\_\_

Stepmother's Email Address \_\_\_\_\_

Stepmother's Occupation \_\_\_\_\_

Stepmother's Employer \_\_\_\_\_

Stepmother's Religious Affiliation \_\_\_\_\_

Is she a graduate of RSG? \_\_\_\_ Yes \_\_\_\_ No Year: \_\_\_\_\_

Is she a graduate of RHS? \_\_\_\_ Yes \_\_\_\_ No Year: \_\_\_\_\_

**GRANDPARENTS:** *Would they like to receive information from Redemptorist St. Gerard School?* \_\_\_\_ Yes \_\_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency/Pick-up Information:** Please list a name and local phone number of a person(s) that may pick your child up from school or that we may contact (OTHER THAN mother or father) in case of illness or emergency during school hours. These contacts should be in-town only.

Contact #1 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Contact #3 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**In order for your application to be complete, the following checklist must be turned in to the front office:**

- Application Form
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Religious Sacraments (for Catholic students)
- Copy of Louisiana Immunization Record (signed by provider and NOT expired)
- Registration Fee
- Current Report Card
- Standardized Test Scores
- Education Evaluations (IEPs, 504s)

**2018-2019 Tuition and Fees**

Application Fee:	\$25 (non-refundable)
Registration Fee:	\$400 per student Early Bird Registration Fee (Feb. 1-Feb. 28) = \$300 per student Late Registration Fee (after May 31) = \$450 per student
Tuition for 18-19:	\$5950
Fees for 18-19:	\$20 Instructional Fee

We have different types of programs for tuition assistance. Please check which program you are participating in for the 2018-2019 school year:

**Tuition-paying Student**—Enclosed is Application Fee with Application. I understand that I will need to pay the Registration Fee upon acceptance. I will do the following for tuition:

Pay tuition in full by 5/31/2018 or  Create a tuition loan through school (FB&T) for amount owed

**ACE Scholarship Student**—Enclosed is Application Fee with Application. I understand that I will need to pay the Registration Fee upon acceptance. I will do the following for the tuition:

Pay tuition in full by 5/31/2018 or  Create a tuition loan through school (FB&T) for amount owed

**LA State Scholarship Student**—Please complete and return Application only

It is the policy of Redemptorist St. Gerard that all fees and tuition are to be prepaid to the school or by loan through First Bank & Trust.

Redemptorist St. Gerard School does not unlawfully discriminate on the basis of race, color, gender, sexual orientation, religion, or national or ethnic origin in its student admission process, faculty and staff hiring practices, educational policies, scholarships, athletics, or other school administered programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date