



REDEMPTORIST ST. GERARD SCHOOL

APPLICATION FOR ADMISSION 2021-2022

Grade Entering 2021-2022: _____ Today's Date: _____

FOR OFFICE USE ONLY:	
Date/Time Rcvd:	_____
Interview Date/Time:	_____
Accepted	Denied
Packet Mailed:	_____
Records Requested:	_____
Records Rcvd:	_____
Reg Fee Paid:	_____

STUDENT INFORMATION

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?

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.

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 difficulties) |
| <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: _____

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

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: _____

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

Does your child have any special problems, physical limitations, or chronic disabilities of which school officials should be aware of? _____

Please add specific instructions for special conditions: _____

Sibling Information: Please list below all brothers and sisters under seventeen (17) years old:

Name of Child	Birth Date	School will be attending in 2021-2022	Grade Entering for 2021-2022
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any siblings graduate from RSG or RHS? If yes, list name, school and year.

Are you considering Extended Care? Yes No
If yes, check what you are considering: Morning Care Aftercare Both

FAMILY CONTACT INFORMATION

FATHER: _____
First Name Middle Initial Last Name Goes by

Father's Current Address City, State, Zip

Father's Home Phone Number Father's Cell Phone Number

Father's Work Phone Number Father's Email Address

Father's Occupation Father's Employer

Father's Religious Affiliation Is father a graduate of RHS? Yes No Year: _____

MOTHER:

First Name	Middle Initial	Last Name	Goes by
Mother's Current Address		City, State, Zip	
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 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 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 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 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)

2021-2022 Tuition and Fees

Application Fee: \$35 (non-refundable)

Tuition for 21-22: \$6,200

Fees for 21-22: \$50.00 Instructional/Technology Fee

We have different types of programs for tuition assistance. Please check which program you are participating in for the 2021-2022 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 5/31/2021 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 5/31/2021 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