



# 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: _____	

### 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  
\_\_\_\_\_  
\_\_\_\_\_

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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:

- |                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| _____ ADD/ADHD (Circle One)       | _____ Diabetes                 | _____ Hearing Difficulties  |
| _____ Depression/Anxiety Disorder | _____ Frequent Nosebleeds      | _____ Eye Problems (lazy eye, color blindness, vision difficulties) |
| _____ Migraine Headaches          | _____ Chronic Stomach Problems | _____ Wears eyeglasses/contacts                                     |
| _____ Seizure Disorder            | _____ Skin Problems            | _____ Speech  |
| _____ Asthma                      | _____ Heart/Blood Conditions   | _____ Other (Please explain)  |
| _____ Arthritis                   | _____ 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:	\$35.00 (per new student - non-refundable)
Tuition for 2021-2022:	\$6200.00
Fees for 2021-2022:	\$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 the Application Fee with Application. I understand that I will need to pay the tuition by the end of the year.

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 the Application Fee with Application. I understand that I need to pay my portion by the end of the year.

Pay tuition in full by 5/31/2021 or create a tuition loan through school (FB&T) for amount owed

**ARETE Scholarship Student**—Enclosed is the Application Fee with Application. I understand that I need to pay my portion by the end of the year.

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