



REDEMPTORIST ST. GERARD SCHOOL

APPLICATION FOR ADMISSION 2022-2023

Grade Entering 2022-2023: _____ Today's Date: _____

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

NEW 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 2022-2023	Grade Entering for 2022-2023
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
- ┆ Driver's License
- ┆ Standardized Test Scores
- ┆ Education Evaluations (IEPs, 504s)

2022-2023 Tuition and Fees Agreement

Application Fee: \$35.00 (per new student - non-refundable)

Tuition for 2022-2023: \$6200.00

Fees for 2022-2023: \$50.00/Instructional/Technology Fee

We have different types of programs for tuition assistance. Please check which program you are participating in for the 2022-2023 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 5/31/2023 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 5/31/2023 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 5/31/2023 or create a tuition loan through school (FB&T) for amount owed

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

REDEMPTORIST CAFETERIA

STUDENT INFORMATION

Grade: _____

Name: _____

Address: _____
(Street or P.O. Box)

City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____ Ethnicity: _____ Sex: M F

Parent/Guardian Name: _____ Telephone: _____

Allergies:

Parent/Guardian Signature

Date

Parent/Guardian (Printed)



REDEMPTORIST ST. GERARD SCHOOL

FAMILY CONTACT SHEET 2022-2023

Student Name: _____
(Last) (Middle) (First)

Parent/Guardian Name: _____ **Phone :** _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip)

Email: _____ **Work Email:** _____

Circle One: Mother Father Guardian Other: _____

If parents are divorced, does non-custodial parent have legal access? Yes No

Children at RSG:

Child #1: _____
(Last) (First) Grade

Child #2: _____
(Last) (First) Grade

Child #3: _____
(Last) (First) Grade

Child #4: _____
(Last) (First) Grade



PERMISSION LETTER FOR PUBLICATION OF STUDENTS' WORK OR PHOTOGRAPHS

REDEMPTORIST ST. GERARD CATHOLIC SCHOOL
3655 St. Gerard Avenue
Baton Rouge, Louisiana 70805

Phone: 225-355-1437 Fax: 225-355-1879

Dear Parent(s) or Guardian(s),

I am writing to request your permission for photographs of your child to be taken during school activities. If photographs are taken, this would be for the purpose of educating students, promoting the school, or promoting public education. I am also seeking your permission for the school to publish photographs and/or samples of your child's work. If you give your permission, the school may publish photographs of your child and/or samples of work done by your child in a variety of ways. The publications could include, but are not limited to, school newsletters (online and in hard copy), Department of Education and News Internet or intranet websites, school annual magazines and local newspapers. If published, third parties would be able to view the photographs and work.

Please note, that if you agree to the following:

1. The school is able to publish photographs of your child and samples of your child's work as many times as it requires in the ways mentioned above.
2. Your child's photograph may be reproduced either in color or in black and white.
3. The school will not use your child's photograph or samples of your child's work for any purpose other than for the education of students, or for the general promotion of public education and the school.

Any photographs taken by the school will be kept for no longer than is necessary for the above-mentioned purposes and will be stored and disposed of securely.

If you agree or disagree to permit the school to take photographs of your child, and to publish photographs of your child, or samples of your child's work, in the manner detailed above, please complete the consent form and return it to the school by **August 8, 2023**. This consent, if signed, will remain effective until such time as advise by you to the school.

Consent Form for Publication of Students' Work or Photographs

_____ I agree, subject to the conditions set out above, to the taking of photographs of my child during school activities, to be used by the school in educating students and promoting the school and public education. I also agree to the publication of photographs or samples of work of my child. I will notify the school if I decide to withdraw this consent.

Student's name: _____ Student's Grade: _____

Parent's/Guardian's Signature: _____ Date: _____

_____ I disagree and do not permit Redemptorist to take photographs of my child.

Student's name: _____ Student's Grade: _____

Parent/Guardian Signature: _____ Date: _____

Faithfully in Christ,

Mrs. Cheryl Domino

Mrs. Cheryl Domino, Principal

If you would like for your child(ren) to be assigned to a bus, please check Opt-In and complete this form. If you **do not** need a bus, please check Opt-Out and **complete the highlighted areas**.

East Baton Rouge Parish Transportation Opt-In/Out-Form - Bus Transportation 2022 - 2023

Opt – In

Opt – Out

* Required

EMAIL ADDRESS *

Parent's or Guardian's email address

PARENT/GUARDIAN FULL NAME *

STUDENTS NAME *

First

Middle

Last

ADDRESS *

APT

CITY *

STATE *

ZIP *

STUDENT'S DATE OF BIRTH *

MM/DD/YYYY

STUDENTS GENDER * Male Female

ETHNICITY *

SPECIAL NEEDS * Yes No

SCHOOL NAME & GRADE LEVEL * 2021-2022

SCHOOL NAME & GRADE LEVEL * 2022-2023

HOME # * ()

CELL # * ()

EMERGENCY # * ()

ANOTHER CHILD ENTER * Are there more students at this same address? If YES, please complete this form for each student Yes No

REDEMPTORIST ST. GERARD ELEMENTARY SCHOOL

TRANSPORTATION FORM
2022-2023 SCHOOL YEAR

It is important that the school has a clear understanding of how a child should be transported to and from school each day. Please complete this form and return it to your child's teacher by the second day of school.

STUDENT NAME: _____ GRADE: _____

TEACHER: _____

This student will be transported each **morning** to school in the following manner:

___ Carpool to school

___ Ride the bus _____ Bus Number _____ Bus Driver's Name

___ Other arrangements: _____

This student will be transported home each **afternoon** in the following manner:

_____ Carpool to school

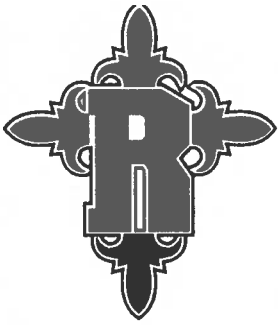
___ Ride the bus _____ Bus Number _____ Bus Driver's Name

___ Other arrangements: _____

___ I have a court order that states the following person(s) MAY NOT PICK UP my child(ren) from school.
Attach a copy of the order.

PARENT/GUARDIAN SIGNATURE

DATE



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

Request for Student Records

Student's Name: _____

Student's D.O.B.: _____

Student's Grade: _____

Parent/Guardian: Please sign and submit this form to your child's current school. Your signature gives your child's school permission to forward a complete transcript of his/her academic and health records to Redemptorist St. Gerard.

School: Please forward all information, including cumulative folder, pertaining to the student listed above.

Also include the following:

_____ Birth Certificate

_____ I.E.P. Folder

_____ Social Security Card

_____ Speech Folder

_____ Immunization Record

_____ Academic/Psychological Evaluation

_____ All Report Cards

_____ Standardized Test Scores

_____ Attendance Record

If you have any questions, please contact Erin Dickerson at edickerson@resbr.org or (225) 355-1437.

Thank you for your cooperation and quick response.

Parent/Guardian Signature: _____

Date: _____