

# REDEMPTORIST ST. GERARD SCHOOL

## APPLICATION FOR ADMISSION 2023-2024

Grade Entering 2023-2024: \_\_\_\_\_ 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
_____	_____	_____
_____	_____	_____

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

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

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

Name of Child	Birth Date	School will be attending in 2023-2024	Grade Entering for 2023-204
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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**FAMILY CONTACT INFORMATION**

**FATHER:** \_\_\_\_\_

First Name	Middle Initial	Last Name	Goes by
_____	_____	_____	_____

\_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_

Father's Religious Affiliation \_\_\_\_\_ Is father 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

**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:

## 2023-2024 Tuition and Fees Agreement

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

Tuition for 2023-2024: \$6200.00

Fees for 2023-2024: \$50.00/Instructional/Technology Fee

We have different types of programs for tuition assistance. Please check which program you are participating in for the 2023-2024 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 5/31/2024 or create a tuition loan through school Gulf Coast Bank & Trust & Trust 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 5/31/2024 or create a tuition loan through school Gulf Coast Bank & Trust & Trust 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 5/31/2024 or create a tuition loan through school Gulf Coast Bank & Trust & Trust for amount owed

\_\_\_\_\_ **San Damiano 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 5/31/2024 or create a tuition loan through school Gulf Coast Bank & Trust & Trust for amount owed

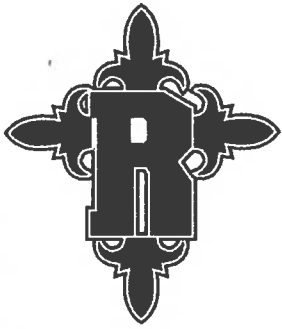
\_\_\_\_\_ **LSP Scholarship Student** —Enclosed is the Application Fee with Application.

It is the policy of Redemptorist St. Gerard that all fees and tuition are to be prepaid to the school or by loan through Gulf Coast Bank & Trust & Trust and 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 St. Gerard School  
3655 St. Gerard Avenue  
Baton Rouge, Louisiana 70805  
Phone 225-355-1437 Fax 225-355-1879

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## Request for Student Records

Student's Name: \_\_\_\_\_

Student's D.O.B.: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ FAX: \_\_\_\_\_

**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:

\_\_\_\_\_ Entire File

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Standardized Test Scores

\_\_\_\_\_ All Report Cards

\_\_\_\_\_ Attendance Record

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

Thank you for your cooperation and quick response.

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)

# East Baton Rouge Parish Transportation Bus Transportation 2023 - 2024

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 \* 2022-2023

\_\_\_\_\_

SCHOOL NAME & GRADE LEVEL \* 2023-2024

\_\_\_\_\_

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





## 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 10, 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 Domina*  
Mrs. Cheryl Domino, Principal



## REDEMPTORIST ST. GERARD EXTENDED CARE INFORMATION FOR 2023-2024 SCHOOL YEAR

Redemptorist St. Gerard will host an extended care program for 2023-2024 school year. We are offering this program to all students in grades Pre-K – 8<sup>th</sup> for both morning and afternoon care. The school day will begin at \_\_\_\_\_ a.m. and end at \_\_\_\_\_ p.m. Payments for extended care can be made in the form of cash, money order, debit card or check. Below is the information concerning our extended care program:

**Registration Fee:** \$25 per family due by September 1, 2023

**Mornings Only:** 6:00 a.m. until 7:00 a.m. The fee is \$40.00 per month. Students dropped off for morning care will sit by grade level in the morning care room. Students may study, read, do homework or play games.

**Aftercare Only:** 3:00 p.m. until 6:00 p.m. The fee is \$100.00 per month. The fee for Part Time care is \$100.00/month per child. The cafeteria is our home base for check-in for after care and for their daily snacks. Students will be provided with enrichment activities and time to complete homework. Parents can pick up their child from the designated area.

**Full Time:** \$125.00/month and includes morning care. This option includes after school care from 3:00 p.m.-6:00 p.m. and morning care. The cafeteria is our home base for check-in for after care and for their daily snack. Parents can pick up their child from the designated area. Students will have time to do homework, enrichment activities and play outside. If raining, the students will watch a movie.

**Late pickup from after care:** \$10.00 per child for the first five minutes and \$5.00 per minute, per child after that.

**Extended Care payment is due on the 5<sup>th</sup> of each month from August through May.**

If you are planning to drop your child off before 7:00 a.m. each day, you will need to put your child in Morning Care. The drop-in rate for morning care is \$5.00/day. Gates on St. Katherine Street will not be open until 7:00 a.m. each morning. More information will be sent home stating details about drop off and pick up points.

**If you are planning to pick up your child after 3:00 p.m. each day, you will need to put your child in After Care. Any student that is here after 3:00 p.m., and who is not working with a teacher, will be sent to after care. The drop-in rate for these students is \$15/day per student; after 5 drop ins in one month, the parent/guardian will be charged for a full month of full-time care. If there are any further questions, or concerns, please direct them to Ms. Tosha Sideboard (225) 355-1437.**

**RSG EXTENDED CARE REGISTRATION FORM  
2023 – 2024**

**Parent Name:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Student Name(s):** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **M/F**  
\_\_\_\_\_ **Grade:** \_\_\_\_\_ **M/F**  
\_\_\_\_\_ **Grade:** \_\_\_\_\_ **M/F**

**Billing Information:**

**Name of Responsible:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Information:**

**Mother Cell:** \_\_\_\_\_ **Father Cell:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies or medications:** \_\_\_\_\_  
\_\_\_\_\_

**Emergency numbers for other persons authorized to pick up your child:**

**No student will be allowed to leave with anyone other than those named below unless you send written permission or call Extended Care.**

\_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

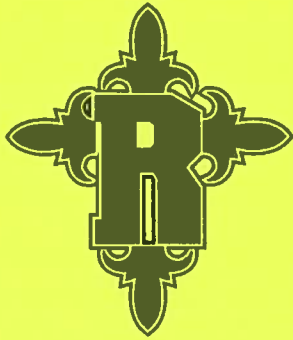
**Check the program for which you are registering (cost per month per child):**

\_\_\_\_\_ **Morning Care (6:00 – 7:00 a.m.) \$40.00**

\_\_\_\_\_ **Morning/Afternoon Care \$125.00**

\_\_\_\_\_ **Afternoon Only (3:00 – 6:00 p.m.) \$100.00**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# REDEMPTORIST ST. GERARD SCHOOL

## FAMILY CONTACT SHEET 2023-2024

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

**EMERGENCY CONTACTS** (other than parent/guardian who can pick up child(ren) must have two contacts listed below)

Contact #1: \_\_\_\_\_  
(Name) (Phone Number)

Relationship to student: \_\_\_\_\_

Contact #2: \_\_\_\_\_  
(Name) (Phone Number)

Relationship to student: \_\_\_\_\_

Contact #3: \_\_\_\_\_  
(Name) (Phone Number)

Relationship to student: \_\_\_\_\_

Contact #4: \_\_\_\_\_  
(Name) (Phone Number)

Relationship to student: \_\_\_\_\_

**MEDICAL CONDITIONS:**

Child's Name

Medical Condition

Medicine Taken

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