



**Diocese of Baton Rouge
Catholic Schools
Program for Exceptional Students**

P. O. Box 2028
Baton Rouge, LA 70821
Telephone: 225-336-8735 FAX: 225-336-8711

2016-2017 Application for Admission

For Individuals awarded Louisiana State Scholarship

Please indicate program for which you are applying.

___ Autism Classes

___ Intellectual/Other Exceptionalities

Note: Students will be assigned to specific schools after a formal determination of host sites for the 2016-2017 school year. The determination of host sites is based on enrollment.

The following items are required to apply.

- ___ 1. Copy of students state scholarship award letter
 - ___ 2. A copy of the student's most current individual evaluation (within the last three years) completed by your local public school district's Pupil Appraisal in conjunction with *Bulletin 1508* of the Louisiana Department of Education,
 - ___ 3. Copy of Birth Certificate
 - ___ 4. Copy Social Security Card
 - ___ 5. Current Immunization Records
 - ___ 6. Current and Previous Year School Records
-

***Application packets are not considered complete
until all required documents have been submitted.***

Initials: _____

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Applicant Information

First Name Middle Name Last Name Prefers to be Called

Current Address City & State Zip Code

Home Phone Number SSN: ____--____--____ Gender: Male Female ____/____/____
Birthdate: Mo. Day Yr.

Student resides with: _____ Current Grade: _____

Full legal name of person(s) responsible for tuition payment: _____

Current Address City & State Zip Code

Family/Contact Information

Father's First Name Middle Initial Last Name Goes By

Father's Current Address City & State Zip Code

Father's Home Phone Number Religious Affiliation/Church Parish (if applicable)

Father's Cell Phone Number Father's Email Address

Father's Occupation Father's Employer

Father's Business Phone Number

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Family/Contact Information (cont.)

 Mother's First Name Middle Initial Last Name Goes By

 Mother's Current Address City & State Zip Code

 Mother's Home Phone Number Religious Affiliation/Church Parish (if applicable)

 Mother's Cell Phone Number Mother's Email Address

 Mother's Occupation Mother's Employer

 Mother's Business Phone Number

Check if Applicable:

- | | | |
|---|---|--|
| <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Parents Separated |
| <input type="checkbox"/> Parents Divorced | <input type="checkbox"/> Mother Remarried | <input type="checkbox"/> Father Remarried |
| <input type="checkbox"/> Father has legal custody | <input type="checkbox"/> Mother has legal custody | <input type="checkbox"/> Joint Custody |

Please list below any brothers and/or sisters under the age of 19 (attach additional list if needed):

	Name	Date of Birth	School Attending (2016-2017)	Current Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

(Note: Applicants with siblings attending a given site will be given preferential consideration through March 31, 2016.)

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Previous Educational Information

Please list schools, with addresses, the applicant has previously attended (including pre-school). Attach an additional list if needed.

	Full Name of School	Address	Grade Level(s) Attended
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Has the applicant been dismissed and/or asked to leave any school? No Yes

If "yes", please explain: _____

Participation in Church Life

As a Christian parent/guardian, I participate in the stewardship of prayer by attending Church:
 No Yes (Weekly Monthly Seldom)

As a Christian parent/guardian, I participate in the ministry of my Church in the following ways:

I understand religious instruction is required in all Catholic schools.
 No Yes

Briefly describe why you are interested in having your son/daughter attend the Baton Rouge Diocese Program for Exceptional Students.

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