



**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

2017-2018 Application for Admission

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 2017-2018 school year. The determination of host sites is based on enrollment.

The following items are required to apply.

- 1. A non-refundable \$200 assessment fee. Each child will be assessed by a board certified school psychologist prior to consideration of admittance into the program.
 - 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
 - 7. Religious Sacrament Certificates
-

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

Initials: _____

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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			

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			

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

Name	Date of Birth	School Attending (2017-2018)	Current Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

(Note: Applicants with siblings attending a given site will be given preferential consideration through March 31, 2017.)

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: _____

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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.

Initials: _____

