



Diocese of Baton Rouge
Department of Special Education
Blessed Margaret of Castello REACH Program

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

2017-2018 Application for Admission

Please indicate program for which you are applying.

___ Autism Spectrum

___ Intellectual/Other Exceptionalities

Preferred Baton Rouge Diocese school name: _____

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: _____

Page 1 of 6



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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.

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2017-2018 Special Education Tuition & Fee Schedule
All Tuition is due May 15, 2017

K-8 Fees and Tuition:

Assessment Fee (New Students): \$200
Registration (non-refundable)
February: \$300
March: \$350
April: \$400
After April 30: \$450

Catholic: \$10,522
Non-Catholic: \$10,922

Capital Improvement Fee: \$200

High School Fees and Tuition:

Assessment Fee (New Students): \$200
Registration (non-refundable)
February: \$300
March: \$350
April: \$400
After April 30: \$450

Catholic: \$12,522
Non-Catholic: \$12,922

Capital Improvement Fee: \$250
Tech Fee: \$550

Payment Options:

Check, Money Order, Cashier's Check, Bank Financing (Gulf Coast)

Please note our tuition refund policy for student transfers. If a student transfers during the year and a loan has been made, it will be reduced by the amount of the refund. There will be a bank charge of \$25 for canceling any loan.

• May 1 – Sept. 1	50%
• Sept. 2 – Oct. 1	45%
• Oct. 2 – Nov. 1	40%
• Nov. 2 – Dec. 1	35%
• Dec. 2 – 15	25%
• Dec. 15 – June 1	No Refund

Prior to a refund, a signed and dated letter notifying the Program Director must be received.

Make Checks payable to: Diocesan Dpt. of Special Ed.

My initials on each page and my signature below indicate verification that the information provided in this application is factual and complete.

Parent/Guardian: _____
Print

Parent/Guardian: _____ **Date:** _____
Signature

Initials: _____