



**Diocese of Baton Rouge
Catholic Schools
Department of Special Education**

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.

Dyslexia Lab

Instructional Support Services

Note: The student must be accepted to the site school before registering for the Lab Services at that site.

The following items are required to apply for services in the Dyslexia Lab:

- 1. A non-refundable \$75 application fee (new students only.)
- 2. A copy of the student's most current psycho-educational evaluation (within the last year) documenting a diagnosis of dyslexia.

The following item is required to apply for Instructional Support Services:

- A non-refundable \$75 assessment fee (new students only.)

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

Initials: _____

Page 1 of 4



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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: _____ 2017-18 Grade: _____

Full legal name of person(s) responsible for 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

Initials: _____

Page 2 of 4



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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

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2017-2018 Lab Fee Schedule

Application Fee (Non-refundable)	K-12	\$75	At time of application (new students only)
Lab Fee	K-12	\$2,500	5/1/16

Lab Fees can be paid by 9-weeks, semester or in full.

Payment Options:

Check, Money Order, Cashier's Check, Credit Card

• 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

Please note our refund policy for student transfers/withdrawals. If a student transfers out of/withdraws from the program during the school year, fees will be refunded according to the graduated scale as follows:

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. If student is accepted, I agree to abide by the fee schedule. Failure to follow the payment schedule may result in another student being accepted in my child's place or otherwise dismissed from services.

Parent/Guardian: _____
Print

Parent/Guardian: _____ Date: _____
Signature

Initials: _____