



**2018-2019 APPLICATION FOR ADMISSION**

**As an extended service for students enrolled at host site**

**1. Please indicate the 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.*

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

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

**3. 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.**

APPLICATION INFORMATION			
First Name:	Middle Name:	Last Name:	Prefers to be Called:
Current Address:	City:	State:	Zip Code:
Home Phone Number:	SSN: ____-____-____	Gender: <input type="radio"/> Male <input type="radio"/> Female	Birthdate: (mm/dd/yyyy)
2018-2019 Grade:	Student resides with:	Full legal name of person(s) responsible for payment:	
Current Address:	City:	State:	Zip Code:

Initials: \_\_\_\_\_

*When you **REACH** out in love, you extend the hand of God.*



**BLESSED**  
*Margaret*  
**OF Castello**  
•REACH PROGRAM•

**DIOCESE OF BATON ROUGE  
CATHOLIC SCHOOLS  
DEPARTMENT OF SPECIAL EDUCATION**

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

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:	Father's Cell Phone Number:	Religious Affiliation/Church Parish: (if applicable)	
Father's Email Address:			
Father's Occupation:	Father's Employer:	Father's Business Phone Number:	
Mother's First Name:	Middle Initial:	Last Name:	Goes By:
Mother's Current Address:	City:	State:	Zip Code:
Mother's Home Phone Number:	Mother's Cell Phone Number:	Religious Affiliation/Church Parish: (if applicable)	
Mother's Email Address:			
Mother's Occupation:	Mother's Employer:	Mother's Business Phone Number:	

Initials: \_\_\_\_\_

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2018-2019 LAB FEE SCHEDULE			
<b>Application Fee (Non-refundable)</b>	K-12	\$75	At time of application (new students only)
<b>Lab Fee</b>	K-12	\$2,500	5/1/18
<b>Re-registration</b>	K-12	\$50	Returning students only

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

**PAYMENT OPTIONS:**

Payment in full via personal or cashier's check.

Quarterly payment through EFT draft from savings or checking.

No refunds after the current nine weeks has started.

**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 Signature: X	Date:

Initials: \_\_\_\_\_

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