



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

2018-2019 APPLICATION FOR ADMISSION

1. Preferred Host-Site School:

- Our Lady of Mercy
- Redemptorist St. Gerard
- St. Thomas More
- St. Elizabeth School
- St. Michael the Archangel

Note: Students will be assigned to specific schools after a formal determination of host sites for the 2018-2019 school year. The determination of host sites is based on enrollment.

2. The following items are required to apply:

- 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.
- 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 and/or a private evaluation specialist.
- Reports/notes from therapist (if applicable)
- Copy of Birth Certificate
- Copy Social Security Card
- Current Immunization Records
- Current and Previous Year School Records
- Religious Sacrament Certificates

**APPLICATION PACKETS ARE NOT CONSIDERED COMPLETE
UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN SUBMITTED.**

Initials: _____

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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 tuition payment:	
Current Address:	City:	State:	Zip Code:

CHECK IF APPLICABLE:		
<input type="radio"/> Father Deceased	<input type="radio"/> Mother Deceased	<input type="radio"/> Parents Separated
<input type="radio"/> Parents Divorced	<input type="radio"/> Mother Remarried	<input type="radio"/> Father Remarried
<input type="radio"/> Father has legal custody	<input type="radio"/> Mother has legal custody	<input type="radio"/> Joint Custody

CHECK ALL THAT THE APPLICANT CURRENTLY RECEIVES:		
<input type="radio"/> Occupational Therapy	<input type="radio"/> Assistive Technology	<input type="radio"/> Adaptive P.E.
<input type="radio"/> Calculator	<input type="radio"/> Speech	<input type="radio"/> Speech to Text
<input type="radio"/> Physical Therapy	<input type="radio"/> iPad	<input type="radio"/> Other: _____

I understand by sending my child to a nonpublic school he or she may not receive all accommodations listed on his or her IEP, only services funded through IDEA for 2018-19 school year.

Parentally placed children with disabilities do not have an individual entitlement to services they would receive if they were enrolled in a public school. Instead, the LEA is required to spend a proportionate amount of IDEA federal funds to provide equitable services to this group of children. Therefore, it is possible that some parentally placed children with disabilities will not receive any services while others will. For those who receive services, the amount and type of services also may differ from the services the child would receive if placed in a public school by the parents or in a private school by a public agency.

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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:	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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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		
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
<p>As a Christian parent/guardian, I participate in the stewardship of prayer by attending Church: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Seldom)</p> <p>As a Christian parent/guardian, I participate in the ministry of my Church in the following ways:</p>
<p>I understand religious instruction is required in all Catholic schools. <input type="radio"/> No <input type="radio"/> Yes</p> <p>Briefly describe why you are interested in having your son/daughter attend the Baton Rouge Diocese Program for Exceptional Students.</p>

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2018-2019 SPECIAL EDUCATION TUITION & FEE SCHEDULE *All Tuition is due May 15, 2018	
K-8 Fees and Tuition:	High School Fees and Tuition:
Assessment Fee (New Students): \$200	Assessment Fee (New Students): \$200
Registration (non-refundable): February: \$300 March: \$350 April: \$400 After April 30: \$450	Registration (non-refundable): February: \$300 March: \$350 April: \$400 After April 30: \$450
Catholic: \$11,200 Non-Catholic: \$11,500	Catholic: \$13,200 Non-Catholic: \$13,500
Non Tithing Parishioner (Non-Catholic Fee) - \$500	Non Tithing Parishioner (Non-Catholic Fee) - \$500 Tech Fee (to be paid directly to SMHS): \$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 Signature: X	Date:

Initials: _____

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