



# St. Jude the Apostle School

9150 Highland Road • Baton Rouge, LA 70810 • (225) 769-2344 • FAX: (225) 769-0671 • www.stjudebr.org

## 2016-17 Application for Admission

GRADE LEVEL APPLYING FOR: \_\_\_\_\_ Re-Applicant?  YES  NO

**Applications will not be accepted unless copies of the following are attached:**

Birth Certificate \_\_\_\_\_ Baptism Certificate \_\_\_\_\_ Immunization Record \_\_\_\_\_ Application Fee (\$25) \_\_\_\_\_  
Social Security Card \_\_\_\_\_ School Records (for students entering grades 1-8) - current and last year's records \_\_\_\_\_  
IEP or Evaluation (If Applicable) \_\_\_\_\_

### 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: month/day/year

Child No. \_\_\_\_\_ of \_\_\_\_\_ children Is a sibling currently enrolled at St. Jude School?  Yes  No

Please list any sibling(s) and grade(s) enrolled at St. Jude for current school year.

Religious Affiliation (based on *child's* baptism) \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Primary E-Mail Address: \_\_\_\_\_

Registered Church Parish \_\_\_\_\_

Geographical Church Parish (in which child lives) \_\_\_\_\_ Subdivision (in which child lives) \_\_\_\_\_

U.S. Dept. of Education Race and Ethnicity Reporting Requirements  
 Ethnicity (Choose One):  Hispanic/Latino  Non-Hispanic/Latino  
 If Non-Hispanic/Latino, choose one or more below:  
 American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Identified Stewardship Giver:  Yes  No

Parent(s) are:  Married  Single  Divorced  Separated  Widowed  Remarried

Student resides with: \_\_\_\_\_

Sacraments Received: (Please include copies of certificates for all sacraments received by applicant.)

Church	City, State	Date
Baptism	_____	_____
Reconciliation	_____	_____
First Communion	_____	_____

Child lives with \_\_\_\_\_

Full legal name of person(s) responsible for tuition payment \_\_\_\_\_

Current Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have any siblings graduated from St. Jude School? If so, please list name(s) and year(s) graduated: \_\_\_\_\_

Are you [applicant's parent(s)] a St. Jude School alum? If so, please list year graduated: \_\_\_\_\_

## 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 Registered Church Parish	Identified Stewardship Giver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Cell Phone Number		Father's Email Address	
Father's Occupation		Father's Employer	
Father's Business Phone Number		Father's Religious Affiliation	

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 Registered Church Parish	Identified Stewardship Giver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Cell Phone Number		Mother's Email Address	
Mother's Occupation		Mother's Employer	
Mother's Business Phone Number		Mother's Religious Affiliation	

Check if Applicable:

<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Separated
<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Mother Remarried	<input type="checkbox"/> Father Remarried
<input type="checkbox"/> Father has legal custody	<input type="checkbox"/> Mother has legal custody	<input type="checkbox"/> Joint custody

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

Name	Date of Birth	School Attending (2015-2016)	Current Grade
1. _____			
2. _____			
3. _____			
4. _____			

## Previous Educational Information

Please list any schools, with addresses, in which the applicant previously attended (including pre-school). Attach an additional list if needed.

Full Name of School	Address	Grade Level(s) Attended
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Has applicant been enrolled or has received services for any of the following:

- Special education class  No  Yes  
Remedial Tutoring  No  Yes  
Gifted or Talented Program  No  Yes  
Learning difference or condition requiring medical, educational, emotional, or behavioral accommodations  No  Yes  
Has your child been retained for any grade level?  No  Yes

Has the applicant ever had special testing, a psychological evaluation, or an educational evaluation?  No  Yes

Please explain if yes to any of the above. Note location and date. Copies of evaluation and/or IEP are required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the applicant been dismissed and/or asked to leave any school?  No  Yes

Has the applicant received either an "in-school" suspension or an "at-home" suspension from any classes at school?

If "yes" to either of these, please explain \_\_\_\_\_

## Participation in Parish Life

As a Catholic parent/guardian, I participate in the stewardship of prayer in my parish by attending Mass:  Yes ( Weekly  Monthly  Seldom)  No

As a Catholic parent/guardian, I am an ISG as determined by use of church envelope in Sunday collection  No  Yes

As a Catholic parent/guardian, I participate in the ministry of my church parish in the following ways (i.e. lector, Eucharistic minister, religion teacher, Altar Society, parish fair core committee, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child is currently in public school, has he or she attended the Parish School of Religion?  Yes  No Which Parish? \_\_\_\_\_

Please briefly explain why you want your child to attend St. Jude School (Attach additional paper or use back if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I verify that the above information is factual and complete. I understand that failure to disclose previous misconduct or educational records is cause for withdrawal. If student is accepted, I agree to abide by the published tuition and fee schedule. Failure to follow the payment schedule may result in another student being accepted in his/her place. I permit St. Jude School to seek records from any prior educational institution the applicant attended and to release records on the applicant's behalf as requested by any future educational institution.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Faith, Academics, Excellence*