

St. Jude the Apostle School

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



2020-21 Application for Admission

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

Birth Certificate _____ Baptismal Certificate _____ Immunization Record _____ Application Fee (\$125) _____
Social Security Card _____ School Records* _____ (students applying for grades 1-8 only)

**Most recent report card, end of previous year report card, most recent standardized test scores*

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 Subdivision (in which child lives) _____

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: _____

Identified Stewardship Giver: Yes No

Registered Church Parish _____

Geographical Church Parish (in which child lives) _____

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: _____

OFFICE USE ONLY: ISG Status IEP or Evaluation Grade Level Verified Screening

Family/Contact Information

Father's First Name	Middle Initial	Last Name	Goes By
Father's Current Address	City & State	Zip Code	Identified Stewardship Giver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Home Phone Number		Father's Registered Church Parish	
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	Identified Stewardship Giver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Home Phone Number		Mother's Registered Church Parish	
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 (2019-2020)	Current Grade
1. _____			
2. _____			
3. _____			
4. _____			

Medical Information

Does your child take any daily/long term medication? Please explain and give name, dosage, and time given: _____

Does your child have any medical problems, allergies, physical limitations, or chronic disabilities of which school officials should be aware?

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. Failure to be forthright about past misconduct, academic, or emotional concerns is cause for withdrawal. Children entering grades 1st-8th must have successfully completed all work required in previous grades, have a record of good conduct, and submit evidence of the same. Any student who is admitted to St. Jude School is accepted conditionally for the first quarter of admission. The student's academic and behavioral response will continue to be reviewed throughout the first year. The first year is considered a probationary period. 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: _____