

# St. Jude the Apostle School

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



## 2022-23 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 (2021-22) | 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:

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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.):

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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): \_\_\_\_\_

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**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 1<sup>st</sup>-8<sup>th</sup> 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:** \_\_\_\_\_