



Parent(s)/Guardian,

Thank you for choosing Southern University Laboratory School for your child(ren)'s academic future. You have completed the first step in the admissions process. The second step is completing the Application for Admissions. Our application must be completed in its entirety with all required documents and the application fee attached. The application must be turned in to the main office by the application deadline.

Application Checklist

RECEIPT OF AN APPLICATION DOES NOT GUARANTEE ACCEPTANCE

Please ensure that all the following are included when delivered or mailed to the main office:

- Parent's Signature on the application
- \$50 non-refundable application fee payable to Southern University Laboratory School
- Copy of Birth Certificate
- Copy of Immunization records
- Copy of Social Security Card
- Two (2) proofs of residence

The following information is not applicable for pre-kindergarten/kindergarten application:

- Current semester report card
- Previous three years report cards (grades 1-8)/Copy of transcript (grades 9-12)
- Most recent standardized test scores

The following forms should be sealed in an envelope and attached to the application:

- Completed behavior statement
- Teacher Recommendation Form (2)

Completed application may be hand-delivered to the school or mailed to:

Southern University Laboratory School

ATTN: Admissions

129 Swan Street

Baton Rouge, LA 70813

RECEIPT OF APPLICATION DOES NOT GUARANTEE ACCEPTANCE.

WE ARE UNABLE TO ACCEPT INCOMPLETE APPLICATIONS.

Once the application has been submitted for review, the Admissions Committee will make a recommendation to the Director. False or fraudulent statements within the application will result in denial of admission or immediate dismissal from Southern University Laboratory School.

129 Swan Ave, Baton Rouge, LA 70813 | Office: (225) 771-3490 | Fax: (225) 771-2782

www.sulabschool.com

Requirements for Each Grade Level

Pre-Kindergarten (Pre-K)

Pre-Kindergarten students must have all necessary shots prior to attending class

*Three year olds **will only be accepted** after all qualifying 4 year olds have been accepted

Kindergarten (K)

If your child attended a Pre-Kindergarten/ daycare program, we must receive the most recent report card and/or teacher recommendation

If your child did not attend a Pre-Kindergarten program, you must fill out our application for admission

First – Fifth Grade (1st- 5th)

A cumulative grade point average of 2.5 or higher or higher. Students must maintain a 2.5 grade point average for continuous enrollment at the Southern University Laboratory School.

Fourth and Fifth grade applicants must score at the basic level in ELA and MATH on state mandated tests in order to be considered for enrollment.

Copy of DIBELS results for students entering grades 1st – 3rd ONLY

A behavioral statement from prior school must be provided for application consideration and teacher recommendation

Sixth – Twelfth Grade (6th – 12th)

A cumulative grade point average of 2.5 or higher. Students must maintain a 2.5 grade point average for continuous enrollment at the Southern University Laboratory School.

Sixth through Eighth grade applicants must score at the basic level in ELA and MATH on state mandated test in order to be considered for enrollment.

High school students must submit End of Course Exam (EOC) results. Students must score at least a Good on EOC Exams.

A behavioral statement from prior school must be provided for application consideration and teacher recommendation.

Current and Anticipated Tuition and Fee Schedule

Tuition per Semester Fall and New Student

Grade	Tuition	Athletic Fee	Lunch	Class Fee	Yearbook	Student Council	Locker Fee	Technology Fee	Total
Pre-K	\$1,500	\$ 80	\$90.00/\$322.00	\$10	\$35	\$0	\$0	\$50	\$2,087
K	\$1,250	\$80	\$90.00/\$322.00	\$10	\$35	\$0	\$0	\$50	\$1,837
1 st – 5 th	\$1,250	\$80	\$322.00	\$10	\$35	\$0	\$0	\$50	\$1,747
6 th – 12 th	\$1,250	\$80	\$322.00	\$10	\$35	\$10	\$5	\$50	\$1,762

Tuition per Semester Spring (Returning Students)

Grade	Tuition	Athletic Fee	Lunch	Technology Fee	Total
Pre-K	\$1,500	\$80	\$90/\$322	\$50	\$2,042
K	\$1,250	\$80	\$90/\$322	\$50	\$1,792
1 st – 5 th	\$1,250	\$80	\$322	\$50	\$1,702
6 th – 12 th	\$1,250	\$80	\$322	\$50	\$1,702

***ALL FEES ARE SUBJECT TO CHANGE. THERE ARE NO DISCOUNTS FOR MULTIPLE CHILDREN.**

Tuition Refund Timeline

Once Tuition is Paid/Before Class Begins.....90%

1st – 10th Day of Class.....75%

11th – 24th Day of Class.....50%

25th Day of Semester.....NO REFUND

(This applies to credit card, money order, cashier's check, payroll deduction and cash payments)



Notice of Non-Discrimination

In compliance with Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and other federal, state, and local laws, Southern University and A & M College forbids discriminating or harassing conduct that is based on an individual's race, color, religion, sex, ethnicity, national origin or ancestry, age, physical or mental disability, sexual orientation, gender identity, gender expression, genetic information, veteran or military status, membership in Uniformed Services, and all other categories protected by applicable state and federal laws.

Notice of Non-Discrimination

If parents are divorced or separated, to whom should correspondence regarding admission be sent? (For admissions correspondence we are only able to send to one address.)

Alternate Contact(s) (other than parents):

Name: _____ Relationship: _____

Home Phone: _____ Cell/Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell/Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell/Work Phone: _____

Person(s) authorized to pick up child(ren):

Medical Information:

Unusual Health Condition(s) Yes No

If yes, explain _____

Medical Insurance	Yes	No	Provider _____
Policy Number _____			Group Number _____
Family Doctor _____			Phone Number _____
Family Dentist _____			Phone Number _____
Hospital of choice _____			

List all other schools attended, year attended and grade:

_____	Grade(s) _____
_____	Grade(s) _____
_____	Grade(s) _____

Please list any members of your family who have graduated from Southern University Laboratory School:

_____	_____
_____	_____
_____	_____

Is the applicant a sibling of a student already enrolled at Southern University Laboratory School? Yes No

Is a sibling applying at the Southern University Laboratory School at this time? Yes No

Is applicant a dependent of a full-time Southern University employee? Yes No

Is applicant a dependent of a Southern University Laboratory School alumnus? Yes No

Has your child been diagnosed with a learning disability? Yes No

Does your child currently receive any "504" services as set forth in the American Disabilities Act? Yes No

If yes, documentation must be provided.

Is your child presently receiving Special Services? Yes No (Speech, Occupational Therapy, etc.)

If yes, documentation must be provided.

Has the applicant been expelled/dismissed from any school? Yes No

If yes, please explain _____

Has the applicant been suspended from any school? Yes No

If yes, please explain _____

Please describe any traits, circumstances, conditions or experiences of applicant which you believe would contribute to the Laboratory School's goals and visions. _____

Describe any non-academic skills, talents, abilities or accomplishments of applicant that you believe warrant consideration. _____

Please describe any significant life challenges faced by applicant. _____

Please describe applicant's significant academic achievements, honors or awards. _____

We/I hereby certify that the foregoing information is correct and acknowledge that failure to accurately disclose and state the information submitted will be grounds for removal from Southern University Laboratory School. I also understand that if tuition, fees, and/or any other outstanding balances are not paid by due dates or by withdrawal dates, the school will not release any records, grades or transcripts.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please complete and return by the deadline.

Academic Teacher Recommendation

Student Applicant's Name (Print Clearly):

This recommendation is a part of the application packet. If the completed Academic Teacher Recommendation form is not returned with the application packet the applicant's packet will be deemed as incomplete and will not be reviewed until all documents have been submitted.

NO SUPPLEMENTAL SHEETS MAY BE ATTACHED TO THIS FORM. PLEASE USE ONLY THESE SHEETS.

Name of Recommender: _____ **Date:** _____

School: _____ **Position:** _____ **Recommender's signature:** _____

How long have you known the applicant? _____ **What course did you teach this student and when did you teach him/her?** _____

Please circle a number for each quality listed below to indicate your rating of this student, where 10 equals "Excellent" and 1 equals "Below Average". A rating of 0 indicates that you have "No Basis for Comment."

Academic Potential	10	9	8	7	6	5	4	3	2	1	0
Intellectual Curiosity	10	9	8	7	6	5	4	3	2	1	0
Critical and Abstract Thinking	10	9	8	7	6	5	4	3	2	1	0
Quality/Competency of Daily Preparation	10	9	8	7	6	5	4	3	2	1	0
Organization	10	9	8	7	6	5	4	3	2	1	0
Creativity	10	9	8	7	6	5	4	3	2	1	0
Empathy	10	9	8	7	6	5	4	3	2	1	0
Honesty/Integrity	10	9	8	7	6	5	4	3	2	1	0
Emotional Stability	10	9	8	7	6	5	4	3	2	1	0
Overall Evaluation as a Person	10	9	8	7	6	5	4	3	2	1	0

DO NOT WRITE BEYOND THIS SIDE OF THIS SINGLE PAGE

Student Applicant's Name (Print Clearly): _____

What are this student's strengths?

What specifically sets this student apart from other students?

In what specific area(s) does this student still have room for growth? Has the student progressed in this area during their time in your class?

How would this student function in a learning environment that places high value on individual responsibility and appropriate behavior?

How does this student deal with setbacks and disappointments? Please give an example.

To what degree would you recommend this student to Southern University Laboratory School?

- Highly Recommend** ***Explain reservations**
- Recommend**
- Recommend with Reservations*** _____
- Don't Recommend** _____

Please complete and return by the deadline.

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Empathy	10	9	8	7	6	5	4	3	2	1	0
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Emotional Stability	10	9	8	7	6	5	4	3	2	1	0
Overall Evaluation as a Person	10	9	8	7	6	5	4	3	2	1	0

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- Highly Recommend *Explain reservations
- Recommend
- Recommend with Reservations* _____
- Don't Recommend _____

Student Behavioral Statement

Student Name _____ Grade _____

Current School _____ Phone # _____

Please provide a brief statement on the student listed above in the categories listed below. This form is may be mailed or faxed to the school: 129 Swan Street Baton Rouge, LA 70813 Fax Number 225-771-2782

Area	
Comments	
Attendance	
Behavior	
Work Habits	
Suspension(s)	
Expulsion	
Other	

Signature of Principal, Guidance Counselor or Designee

Print Name

Date