REDEMPTORIST
Diocesan Regional Catholic HIGH SCHOOL

4000 St. Gerard Avenue • Baton Rouge, Louisiana 70805–2937
Administrative Office • (225) 357-0936 • FAX (225) 357-4555
Development Office • (225) 356-7790 • FAX (225) 356-7882
E-Mail Address • redemptorist@rhsbr.org
Home Page • http://www.rhsbr.org

Administrative Office

APPLICATION
STAR LAB (DYSLEXIA)

Date Applied: _____ Date Received: _____
(for office use only)

Applying for grade: 7th 8th 9th

Applicant's Name: _____
First Middle Last

Name applicant goes by: _____ Male _____Female _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Day or Cell Phone: _____

Last School Attended: _____

PARENT/GUARDIAN INFORMATION

Father	**Mother**
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____
Home Phone: _____	Home Phone: _____

Applicant is currently living with (Parents/Guardian) _____
Name, if different from above

Name of Psychological Evaluator _____
Psychological Evaluator must be a licensed psychologist – a copy of the evaluation must be submitted with the application (EBR Pupil Appraisal not accepted).