



Southern
University
Laboratory
School

Application for Admissions



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 Admission. Our application must be completed in its entirety with all required documents and the application fee attached to be processed. 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 (payment must be made using eazyticks.com)
- 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
- Completed behavior statement
- Two (2) Teacher Recommendation Form from core teachers ONLY (ELA, Math, Science, Social Studies)

Completed application may be hand-delivered to the school, email 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.

Requirements for Each Grade Level

Pre-Kindergarten (Pre-K4)

Pre-Kindergarten students must have all necessary shots prior to attending class. Pre-K4 students will be screened.

Kindergarten (K)

Pre-Kindergarten students must have all necessary shots prior to attending class. K students will be screened.

First – Fifth Grade (1st- 5th)

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. 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. First through Fourth grade students and students who attend non-testing schools will be screened.

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 Eleventh grade applicants must score at the basic level in ELA and MATH on state mandated tests.

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

Admissions Disclaimer Statement

All applications will be submitted to the admissions committee for approval. The admissions committee will have the latitude to grant admissions on a conditional/probationary basis. The terms of the condition/probation must not extend past the first semester of admittance. Once the semester has ended and the terms of the condition/probation are fulfilled, the student will be considered in “good standing” with SULS. A response will be communicated verbally or in writing in March 2024.

Current/Anticipated Tuition and Fee Schedule

Tuition per Semester Fall and *New Students*

Grade	Tuition	Athletic Fee	Class Fee	Yearbook	Student Council	Locker Fee	Technology Fee	TOTAL
Pre-K	\$1500	\$80	\$25	\$35	\$0	\$0	\$150	\$1790
K	\$1250	\$80	\$25	\$35	\$0	\$0	\$150	\$1540
1 st -5 th	\$1250	\$80	\$25	\$35	\$0	\$0	\$150	\$1540
6 th -12 th	\$1250	\$80	\$25	\$35	\$10	\$5	\$150	\$1555

Tuition per Semester Spring (*Returning Students*)

Grade	Tuition	Athletic Fee	Tech. Fee	Total
Pre-K	\$1500	\$80	\$150	\$1730
K	\$1250	\$80	\$150	\$1480
1 st -5 th	\$1250	\$80	\$150	\$1480
6 th -12 th	\$1250	\$80	\$150	\$1480

***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)

***Deferred payment option is available. This requires half of the total amount owed for the semester due before the first day of school, with 3 equal monthly 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 discrimination 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.

Child Lives with (circle one): Both Parents Mother Father Other

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 the applicant a dependent of a full-time Southern University employee? 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



Teacher Recommendation Form

To the teacher: We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. All information received from you is confidential. We understand the difficulty in evaluating a student and know that children constantly grow, change, and develop. This form is one piece of the student's profile and will be used in our assessment of them. Thank you very much for your help.

Student Name _____ **Grade** _____

Current School _____ **Phone #** _____

Teacher Name _____ **Subject** _____

Place a check in the appropriate column for each characteristic listed.

ACADEMIC EVALUATION

Comments:

	Excellent	Good	Average	Below Average	Poor
Academic Potential					
Academic Achievement					
Attendance					
Completion of Homework					
Ability to Focus					
Oral Expression					
Organization					
Ability to Work in Groups					

CHARACTER EVALUATION

Comments:

	Excellent	Good	Average	Below Average	Poor
Responsibility					
Maturity					
Peer Interaction					
Behavior					
Leadership					

PARENT EVALUATION

Comments:

	Excellent	Good	Average	Below Average	Poor
Involved					
Cooperative					

The Admissions office would appreciate your assistance by answering the following questions:

How long have you known the applicant?

What subject(s) have you taught the applicant?

Please provide three words that come to mind when describing this applicant:

What are the student's special interests?

What are this applicant's strengths?

What are this applicant's weaknesses?

If you had the option, would you want this student in your class next year? Why or why not?

Please include any additional relevant information:

Teacher Signature _____ **Date** _____

Teachers: Please email the completed recommendation form to ashley_square@sulabschool.com



Teacher Recommendation Form

To the teacher: We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. All information received from you is confidential. We understand the difficulty in evaluating a student and know that children constantly grow, change, and develop. This form is one piece of the student's profile and will be used in our assessment of them. Thank you very much for your help.

Student Name _____ Grade _____

Current School _____ Phone # _____

Teacher Name _____ Subject _____

Place a check in the appropriate column for each characteristic listed.

ACADEMIC EVALUATION

Comments:

	Excellent	Good	Average	Below Average	Poor
Academic Potential					
Academic Achievement					
Attendance					
Completion of Homework					
Ability to Focus					
Oral Expression					
Organization					
Ability to Work in Groups					

CHARACTER EVALUATION

Comments:

	Excellent	Good	Average	Below Average	Poor
Responsibility					
Maturity					
Peer Interaction					
Behavior					
Leadership					

PARENT EVALUATION

Comments:

	Excellent	Good	Average	Below Average	Poor
Involved					
Cooperative					

The Admissions office would appreciate your assistance by answering the following questions:

How long have you known the applicant?

What subject(s) have you taught the applicant?

Please provide three words that come to mind when describing this applicant:

What are the student's special interests?

What are this applicant's strengths?

What are this applicant's weaknesses?

If you had the option, would you want this student in your class next year? Why or why not?

Please include any additional relevant information:

Teacher Signature _____ **Date** _____

Teachers: Please email the completed recommendation form to ashley_square@sulabschool.com



SOUTHERN LAB[®]

SOUTHERN UNIVERSITY
LABORATORY SCHOOL

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 emailed or faxed to the school: **Email:** ashley_square@sulabschool.com **Fax Number:** 225-771-2782

Attendance	
Behavior	
Work Habits	
Suspension(s)	
Expulsion	
Other Comments	

Signature of Principal, Guidance Counselor or Designee

Print Name

Date