

# University Laboratory School Application for Admission 2010-2011



*Founded in 1915 as a division of the College of Education, the LSU Laboratory School is committed to intellectually and socially developing students and pre-service teachers through the implementation, demonstration and continuous evaluation of exemplary programs and instructional practices across the K-12 spectrum while serving as a center for educational innovation and research that provides professional development opportunities for the state's educators.*

University Laboratory School  
Louisiana State University  
Baton Rouge, LA 70803  
Main School Number: 225-578-3221  
Admissions: 225-578-3223  
[www.uhigh.lsu.edu](http://www.uhigh.lsu.edu)



**\*\*APPLICATION DEADLINE – October 8, 2009\*\***

- All applications received after 3:00 pm on Thursday, October 8, 2009 are not guaranteed consideration. Faxed applications cannot be accepted.

- Please note that *all* students entering 5<sup>th</sup> and 9<sup>th</sup> grades who are selected for admission (from public or private schools or from outside the state) will be required to pass the LEAP test or acceptable out-of-state equivalent prior to enrollment.
- Transfer credits from other schools can only be accepted by schools accredited by the State Department of Education.

- Failure to accurately disclose information requested on this application will be grounds for removal from the school.

The University Laboratory School Admissions Policy is available in the school office or you can access it on-line at [www.uhigh.lsu.edu](http://www.uhigh.lsu.edu).

**2010-2011 ANTICIPATED TUITION AND FEE SCHEDULE\***

<i>Tuition Per Annum</i>				
	<b>Tuition</b>	<b>Meals</b>	<b>Activity</b>	<b>Total</b>
<b>K – 5<sup>th</sup></b>	\$3,835	\$450	\$200	\$4,485
<b>6<sup>th</sup> – 12<sup>th</sup></b>	\$3,835	\$495	\$200	\$4,530

*\* All fees are subject to change. There are no discounts for multiple children.*

*Louisiana State University requires that all fees and other University charges be paid in full at the beginning of the fall semester or according to an approved deferred payment contract. Louisiana State University regulations further state that a student will be subject to dismissal from the University Laboratory School if payment is delinquent.*

All of the components of this application (listed on the next page) must be completed before it will be accepted.

**Applications missing any portion of the required information will not be processed.**

## APPLICATION CHECKLIST

**Please double check to ensure that all of the following are included when you deliver or mail your application:**

- \_\_\_\_\_ Parent signature on this application
- \_\_\_\_\_ \$20 non-refundable application fee payable to “Louisiana State University”  
*Check or money order only. No cash accepted*
  
- \_\_\_\_\_ Copy of birth certificate
- \_\_\_\_\_ Copy of immunization records
- \_\_\_\_\_ Copy of social security card

**The following information is not applicable for kindergarten applications:**

- \_\_\_\_\_ Current semester’s report card or progress report
- \_\_\_\_\_ Previous years report cards (grades 1-8) / copy of transcript (grades 9-12)
- \_\_\_\_\_ Most recent standardized test scores

**The following recommendation forms should be mailed or faxed directly from the school:**

- \_\_\_\_\_ Completed recommendation form from current principal/head of school
- \_\_\_\_\_ Completed Math recommendation (applicants for grades 6-12 only)
- \_\_\_\_\_ Completed English recommendation (applicants for grades 6-12 only)

**Completed applications may be hand-delivered to the school office or mailed to:**

*University Laboratory School  
Attn: Admissions  
Louisiana State University  
Baton Rouge, LA 70803*

**We are unable to accept incomplete applications.**

**For Office Use Only:**

Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_

Received By: \_\_\_\_\_ Entered By: \_\_\_\_\_

# *Application for Admission* *2010-2011*

**Application Deadline – October 8, 2009**

**Grade applying for:** \_\_\_\_\_ **(2010-2011 School Year)**

Complete legal name: \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Child must be 5 by September 30 for entry into kindergarten)

Child's Country of Birth: \_\_\_\_\_ Date of Entry into U.S. \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**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)**

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**Emergency Contacts (other than parents):**

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

<i>Names of Siblings</i>	<i>Current School</i>	<i>Date of Birth</i>

**Please answer questions 1-10 below only if you want the information requested to be considered by the selection committee:**

1. Is applicant a sibling of a student already enrolled in the Lab School?  Yes  No
2. Is applicant a dependent of a full-time University employee?  Yes  No
3. Is applicant a dependent of a Lab School alumnus?  Yes  No

4. Please list any members of your family who have graduated from the Laboratory School.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does applicant have another significant connection to the Lab School or Louisiana State University?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please describe any traits, circumstances, conditions or experiences of applicant which you believe would contribute to the Lab School's goal of diversity. \_\_\_\_\_

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7. Please describe any non-academic skills, talents, abilities or accomplishments of applicant that you believe warrant consideration. \_\_\_\_\_

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8. Please describe any significant life challenges faced by applicant. \_\_\_\_\_

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9. Please provide any other information about applicant which relates to one or more of the factors set forth in the admission policy and which you believe should be considered to holistically evaluate applicant. \_\_\_\_\_

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10. Please describe applicant's significant academic achievements, honors or awards. \_\_\_\_\_

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*Please answer in the space provided on the application and/or with a one-page addendum.*

Name of Child's Present School/Child Care Center: \_\_\_\_\_

School Address: \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Is your child in good standing and welcome to return to his/her present school?  Yes  No

If not, please explain. \_\_\_\_\_

\_\_\_\_\_

Has your child ever been suspended, expelled, asked to withdraw or voluntarily withdrawn from a class or school for disciplinary or behavioral problems he/she has ever attended?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List **all** schools previously attended:

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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 the school.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

**AUTHORIZATION TO PROVIDE AND OBTAIN EDUCATION RECORD(S)**

We/I hereby authorize any and all institutions previously attended by \_\_\_\_\_ (“applicant”) to provide, and the Louisiana State University Laboratory School to obtain, a copy of any and all education or other records concerning applicant maintained by said institutions. We/I further specifically authorize any and all institutions previously attended by applicant to discuss applicant and applicant’s education and other records with the Director of the Louisiana State University Laboratory School or his designee.

We/I agree to hold the Louisiana State University Laboratory School and all institutions previously attended by applicant harmless from any and all claims which relate in any way to the furnishing of records or information concerning applicant.

We/I agree that a photocopy, facsimile or digital image of this authorization may be accepted as an original.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

**PARENT CONSENT FOR EDUCATIONAL RESEARCH  
AND STUDENT ENROLLMENT**

In submitting this application for my child’s admission to the University Laboratory School, I recognize and acknowledge the functions of the school: education of children, teacher preparation, educational research, and professional service.

*Educational Research* - In addition to providing a high quality K – 12 education for a diverse population of students, the Laboratory School serves as a center for educational innovation and research. Laboratory School faculty, as well as LSU faculty and graduate students, frequently conducts studies of the effectiveness of instructional strategies and innovative teaching techniques. Therefore, students’ educational records, academic work, and responses to instructional strategies are subject to inquiry and research, and findings may be published. In every inquiry, the information will be available only to the investigators and authorized administrators (unless release is required by law), and will be reported in such a way that subjects cannot be identified, either directly or indirectly. Permission for your child to take part in educational research activities excludes the *Other Research* described in the next paragraph.

*Other Research* – The Laboratory School occasionally participates in other research activities, such as studies of children’s physical, social, or emotional development. For studies of this sort, the researcher is required to obtain the written informed consent of at least one parent, as well as the informed assent of the minor child. For this type of study, the parent(s) will receive a written explanation of the purpose of the study, as well as a detailed explanation of the procedures to be used, and will be asked for written permission for their child(ren) to participate. Parent and child are entirely free to decide whether or not to participate in such studies, and no penalty is incurred if either chooses not to participate.

*Furthermore*, I understand that by enrolling my child in the University Laboratory School I am accepting an invitation to enroll him/her as an out-of-zone student and that the Laboratory School is not his/her legal home zone school. I agree to review the school’s Student Code of Conduct with my child and to support my child’s compliance with all aspects of the Code. I understand and agree that my child may be suspended, expelled and/or required to return to his/her home zone school if, in the determination of the school administration, my child’s behavior becomes counterproductive to the educational environment of the Laboratory School and/or when his/her continued enrollment in the school is determined by the school administration to be inappropriate for his/her educational needs.

My signature indicates that all of the information provided in this application is true to the best of my knowledge. I understand that any misleading statements or intentional omissions of relevant information pertaining to the applicant’s academic or behavioral record will void his/her opportunity to enroll or remain enrolled at the Laboratory School.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

Principal's Recommendation – Parent Section

CONFIDENTIAL

Please fill out the information on the first part of this form and give it to your son/daughter's principal for completion. To expedite your request, please provide a stamped envelope addressed to the Office of Admissions at the University Laboratory School.

Student's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Applying for Grade Level \_\_\_\_\_

Current School \_\_\_\_\_

Waiver

Parents of children desiring to transfer to the Laboratory School are asked to provide the Laboratory School with a letter of recommendation from the principal of the school where the child is presently enrolled. Under the Family Educational Rights and Privacy Act of 1974, the parents may review such letters in the event the child is accepted into the Laboratory School. However, to allow for more complete candor from the person completing the letter of recommendation, the Laboratory School asks that parents strongly consider waiving their right of access to the letter. If you agree to waive your right of access and to allow this letter of recommendation to remain confidential, please sign below.

**I understand that this information is being provided to the Laboratory School for admission purposes only. I will not seek access to this confidential letter of recommendation.**

Signature of Applicant's Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Principal's Recommendation

CONFIDENTIAL

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade (10-11): \_\_\_\_\_

The above named student has applied for admission to the University Laboratory School at the Louisiana State University. The information that you provide on this form will help the Admission's committee during the evaluation of this student's application. For that reason, an accurate, honest assessment is appreciated. Please complete and return this form as soon as possible.

**The deadline for the receipt of the application is October 8, 2009 at 3:00pm.**

If you have any questions, please call admissions at 225-578-3223.

*The parent's signature above indicates that a waiver has been granted.  
Thank you in advance for your assistance.*

Principal's Recommendation

CONFIDENTIAL

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade (10-11): \_\_\_\_\_

Name and title of person completing this form \_\_\_\_\_

For how long have you known this student? \_\_\_\_\_

Please rate the student in each of the following categories, using the following scale:

(1) Below Average	(2) Average	(3) Above Average
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- Overall academic performance \_\_\_\_\_
- Ability to work/interact with peers \_\_\_\_\_
- Cooperation with teachers and other adults \_\_\_\_\_
- Study Habits \_\_\_\_\_
- Interest in Learning \_\_\_\_\_
- Receptiveness to constructive criticism \_\_\_\_\_
- Level of effort given to studies \_\_\_\_\_
- Honesty \_\_\_\_\_
- Overall conduct and behavior \_\_\_\_\_

Please mark the appropriate levels for this applicant:

<b>Math</b>	Below Level	At Grade Level	Above grade level
<b>Reading</b>	Below Level	At Grade Level	Above grade level
<b>Writing</b>	Below Level	At Grade Level	Above grade level

Would this student be welcome to return to your school next year? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Please return this directly to:

University Laboratory School, Attn: Admissions  
Louisiana State University, Baton Rouge, LA 70803  
Fax: 578-3326

**ENGLISH TEACHER EVALUATION**  
**Grades 6-12 Only**

**CONFIDENTIAL**

Applicant's Name: \_\_\_\_\_

Grade (10-11): \_\_\_\_\_

**To the Teacher:**

Thank you in advance for completing this evaluation. The student listed above has applied for admission to the University Laboratory School. Your evaluation of the student will be used in the admission process.

Teachers Name: \_\_\_\_\_

School: \_\_\_\_\_

Course Title: \_\_\_\_\_

Texts being used: \_\_\_\_\_

Please rank the student in comparison to other students that you have taught.

	<b>Below Average</b>	<b>Average Good</b>	<b>Very Good</b>	<b>Outstanding</b>
Study Habits				
Overall Academic Performance				
Intellectual Aptitude				
Leadership Qualities				
Interest in Learning				
Honesty				
Ability to Work/Interact with Peers				
Level of Maturity				
Level of Motivation				
Cooperation with Teachers/Adults				

1. How would you rate the student's performance compared to his/her ability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please add any other information that you feel is relevant to his/her application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENGLISH TEACHER EVALUATION – PAGE 2**  
**Grades 6-12 Only**

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**CONFIDENTIAL**

Applicant's Name: \_\_\_\_\_

Grade (10-11): \_\_\_\_\_

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3. How long have you known the applicant? \_\_\_\_\_

Further Comments: \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Again, thank you for taking the time to provide this information.**  
**Please mail or fax this form by Thursday, October 8, 2009 to:**

University Laboratory School  
Attn: Admissions  
Louisiana State University  
Baton Rouge, LA 70803  
(225) 578-3221  
Fax: (225) 578-3326

**MATH TEACHER EVALUATION**  
**Grades 6-12 Only**

**CONFIDENTIAL**

Applicant's Name: \_\_\_\_\_

Grade (10-11): \_\_\_\_\_

**To the Teacher:**

Thank you in advance for completing this evaluation. The student listed above has applied for admission to the University Laboratory School. Your evaluation of the student will be used in the admission process.

Teachers Name: \_\_\_\_\_

School: \_\_\_\_\_

Course Title: \_\_\_\_\_

Texts being used: \_\_\_\_\_

Please rank the student in comparison to other students that you have taught.

	<b>Below Average</b>	<b>Average Good</b>	<b>Very Good</b>	<b>Outstanding</b>
Study Habits				
Overall Academic Performance				
Intellectual Aptitude				
Leadership Qualities				
Interest in Learning				
Honesty				
Ability to Work/Interact with Peers				
Level of Maturity				
Level of Motivation				
Cooperation with Teachers/Adults				

1. How would you rate the student's performance compared to his/her ability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please add any other information that you feel is relevant to his/her application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MATH TEACHER EVALUATION - PAGE 2**  
**Grades 6-12 Only**

**CONFIDENTIAL**

Applicant's Name: \_\_\_\_\_

Grade (10-11): \_\_\_\_\_

3. How long have you known the applicant? \_\_\_\_\_

Further Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Again, thank you for taking the time to provide this information.**  
**Please mail or fax this form by Thursday, October 8, 2009 to:**

University Laboratory School  
Attn: Admissions  
Louisiana State University  
Baton Rouge, LA 70803  
(225) 578-3221  
Fax: (225) 578-3326