

The *School Choice Program for Certain Students with Exceptionalities (SCP)* empowers families of students with certain exceptionalities with the financial resources to choose the school that will best address their students' needs. The Louisiana Department of Education will conduct a lottery to award student participation, with a priority given to continuing students. Please visit <http://www.louisianabelieves.com/> for more information.

INSTRUCTIONS

Please follow these instructions to complete and submit your student's application to participate in the School Choice Program for Certain Students with Exceptionalities for the 2018-19 school year:

1. Review Section I – Student Eligibility Requirements to verify your child's eligibility.
2. Complete Sections II-IV.
3. **Only students applying to participate in the School Choice Program for the first time:** Attach required documentation identified in Sections V-VI.
4. Complete Section VII.
5. Turn this application and required documentation into the school you are applying to by **March 16th, 2018.**

SECTION I: STUDENT ELIGIBILITY REQUIREMENTS

Any student who meets all of the following criteria is an eligible student:

1. The student has been evaluated by a **Louisiana public school** and determined to have any one of the following exceptionalities:
 - Autism
 - Mental Disability
 - Specific Learning Disability
 - Developmental Delay
 - Other Health Impairment
 - Traumatic Brain Injury
 - Emotional Disturbance
2. The student has an Individual Education Plan, district provided services plan or a nonpublic school created services plan; and,
3. The student is eligible to attend any Louisiana public school, grades Kindergarten through 12th grade.

SECTION II: STUDENT INFORMATION

1. Social Security Number	2. Last Name	3. First Name	4. Middle Initial	5. Suffix
6. Date of Birth (MM/DD/YYYY)	7. Sex (Check one) <input type="radio"/> M <input type="radio"/> F	8. Ethnicity – Is the student Hispanic? (for reporting only) <input type="radio"/> Y <input type="radio"/> N		
9. Race (For reporting only) Check all that apply: <input type="radio"/> American Indian <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Other				
10. Street Address	11. Apartment No.	12. City		
13. Zip Code	14. School District			
15. Did this student participate in the School Choice Program during the 2017-18 school year? <input type="radio"/> Y <input type="radio"/> N	16. Please indicate the student's primary exceptionality (Only choose one): <input type="radio"/> Autism <input type="radio"/> Mental Disability <input type="radio"/> Emotional Disturbance <input type="radio"/> Developmental Delay <input type="radio"/> Other Health Impairment <input type="radio"/> Specific Learning Disability <input type="radio"/> Traumatic Brain Injury			

SECTION III: PARENT/LEGAL GUARDIAN INFORMATION

17. Last Name	18. First Name	19. Middle Initial	20. Suffix	21. Relationship to Student
22. Mailing Address (only if different from above)				
23. Primary Phone (Area Code/No.)		24. Alternate Phone (Area Code/No.)		
25. E-mail address				

SECTION IV: SCHOOL INFORMATION

26. Selected Schools for the 2018-19 School Year (See list Below) 1 st choice- 2 nd choice- 3 rd choice-	27. Selected Schools' Site Codes for the 2018-19 School Year (See List Below) 1 st choice- 2 nd choice- 3 rd choice-
28. Projected Grade Level for the 2018-19 School Year (K-12)	29. Current School During the 2017-18 School Year

2018 – 19 Participating Schools

Parish	School	Site Code	Grades Available in School Choice Program	Contact Phone #
Caddo	McKinney Byrd Academy	6A7001	K-6 th	318.532.9849
Calcasieu	Immaculate Conception Cathedral School	505002	K, 1 st , 4 th -7 th	337.433.3497
Calcasieu	Our Lady Queen of Heaven	505005	K-8 th	337.477.7384
Calcasieu	Our Lady's School	505006	1 st , 4 th	337.527.7828
Calcasieu	St. Louis Catholic High School	505009	9 th -12 th	337.436.7275
Calcasieu	St. Theodore Holy Family Catholic School	505011	K, 1 st , 3 rd , 5 th , 6 th	337.855.9465
East Baton Rouge	Angles Academy	674001	K-10 th	225.924.9770
East Baton Rouge	Diocese of Baton Rouge Special Education Program	502048	K-12 th	225.336.8735
East Baton Rouge	Greater Baton Rouge Hope Academy	705001	K-12 th	225.293.0141
East Baton Rouge	St. Lillian Academy	9B3001	K-12 th	225.771.8173
East Baton Rouge	The Dunham School	692003	K-12 th	225.767.7097
Jefferson	Archbishop Rummel Jr. High School	506127	8 th -9 th	504.834.5592
Jefferson	Archbishop Rummel Sr. High School	506005	10 th -12 th	504.834.5593
Jefferson	Crescent City Christian	557001	2 nd -11 th	504.885.4700
Jefferson	Ecole Classique	560001	K-12 th	504.887.3507
Jefferson	St. Benilde School	506062	K-7 th	504.833.9894
Jefferson	St. Christopher School	506067	1 st -7 th	504.837.6871
Orleans	Holy Rosary Academy	506014	K-7 th	504.482.7173
Orleans	Holy Rosary High School	506161	8 th -12 th	504.482.7174
Orleans	McMillians First Steps	621001	K-8 th	504.822.1269
Orleans	Raphael Academy	711001	K, 1 st , 5 th -12 th	504.524.5955
Orleans	St. Michael Special School	506099	K-12 th	504.524.7285
St. Tammany	Our Lady of the Lake School	506034	K, 1 st , 3 rd , 5 th -7 th	985.626.5678
St. Tammany	St. Paul's School	506101	8 th -12 th	985.892.3200
St. Tammany	St. Peter Catholic School	506103	K-7 th	985.892.1831

A list of special education services offered at participating schools can be found in the [School Choice Program FAQ](#).

SECTION V: SUPPORTING DOCUMENTATION – SPECIAL EDUCATION PLAN (NEW STUDENTS ONLY)

Please attach a copy of the student's Individual Education Plan, district provided services plan or nonpublic school created services plan to this application. A nonpublic school created services plan must include:

- 1) The student's exceptionality; 2) The services provided by the school; 3) Indication of how those services address the student's exceptionality and needs; 4) Indication that the plan will be active for the 2018-19 school year; and 5) the Parent/Legal Guardian's signature.

SECTION VI: SUPPORTING DOCUMENTATION – PROOF OF RESIDENCY (NEW STUDENTS ONLY)

Proof of Residency: Please attach a copy of a proof of residency with this application. All proofs of residency must be current (with an effective date of January 1st, 2018 or later) and should match with the student's address listed in this application. The person named on this proof of residency must be the parent or responsible adult of the student.

- Dated Rental lease agreement/mortgage agreement
- Telephone bill
- Sewage/water bill
- Current Official letter from a Government Agency (DSS, DHH)
- Cable or internet service bill
- Electricity/Gas bill
- Property tax notice for calendar year 2017

SECTION VII: AGREEMENT/SIGNATURE

By submitting this application to the Louisiana Department of Education, you are granting permission for the Louisiana Department of Education to utilize, and to disclose to third parties, any information provided by you in this application to verify eligibility for the program and if a scholarship is awarded, to continue to utilize, and to disclose to third parties, this information as it relates to the award granted.

I, the parent/legal guardian, certify and verify that all of the foregoing information contained herein is true and correct.

Parent/Legal Guardian Signature

Date