

**INITIAL PROPRIETARY SCHOOL LICENSE APPLICATION
PACKET REQUEST FORM**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS NAME (If applicable): _____

PHONE: _____ TYPE: HOME WORK CELL

EMAIL: _____

PLEASE LIST PROPOSED COURSES OR TYPES OF COURSES: _____

SEND APPLICATIONS TO:

EMAIL LISTED ABOVE

ADDRESS LISTED ABOVE

OTHER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NUMBER OF APPLICATIONS REQUESTED: _____ @ \$25.00 PER APPLICATION = \$ _____

I HAVE ATTACHED \$ _____ TO THIS REQUEST. I UNDERSTAND THAT THESE FUNDS ARE NON-REFUNDABLE AND ARE TO BE MADE PAYABLE TO THE BOARD OF REGENTS AND ARE TO BE BY **CERTIFIED CHECK** OR **MONEY ORDER** ONLY. CASH OR PERSONAL CHECKS ARE NOT ACCEPTED AND WILL BE RETURNED WHICH WILL DELAY PROCESSING YOUR REQUEST.

SIGNATURE: _____ DATE: _____

PLEASE MAIL THIS FORM AND PAYMENT TO:

**LA STATE BOARD OF REGENTS
PROPRIETARY SCHOOLS SECTION
P.O. BOX 3677
BATON ROUGE, LA 70821-3677
ATTN: COURTNEY BRITTON**