

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

NAME: _____

STREET ADDRESS:

CITY/STATE/ZIP:

HOME PHONE: _____ **WORK PHONE:** _____

TYPE OF SCHOOL/INSTRUCTION TO BE OFFERED:

MAIL PACKET TO:

NUMBER OF PACKETS REQUESTED:
_____ @ \$25.00 PER PACKET = \$ _____

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 TO:

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