

St. Francis Xavier Catholic School

1150 SOUTH 12TH STREET
BATON ROUGE, LA 70802
Phone: 225-387-6639 Fax: 225-383-1215
Website: www.sfxbr.org

2024-2025 ENROLLMENT FORM

GRADE _____ NEW STUDENT _____ RETURNING STUDENT _____ DATE _____

PLEASE CHECK ONE

PAYMENT PLAN: MONTHLY _____ SEMESTER _____ YEARLY _____ SCHOLARSHIP _____

PERSON RESPONSIBLE FOR REGISTRATION, TUITION, AND ALL OTHER FEES.

MANDATORY SIGNATURE: _____

PLEASE PRINT OR TYPE

STUDENT NAME: _____ DOB: _____

ADDRESS: _____ CITY/ZIP: _____

GENDER: FEMALE _____ MALE _____ RACE _____

STUDENT RESIDES WITH: _____
(NAME) (RELATIONSHIP)

STUDENT RELIGION: _____ SOCIAL SECURITY #: _____

PARENT INFORMATION:

MOTHER: _____ FATHER: _____

RELIGION: _____ RELIGION: _____

ADDRESS: _____ ADDRESS: _____

HOME# _____ HOME# _____

WORK# _____ WORK# _____

CELL# _____ CELL# _____

EMAIL: _____ EMAIL: _____

MARITAL STATUS: (CIRCLE ONE)

MARRIED DIVORCED SINGLE OTHER _____

JOINT CUSTODY: YES OR NO

Has the student been dismissed from any school? Yes or No

Has the student been suspended from classes at any school? Yes or No

If yes to either of these, please explain:

LIST ALL SCHOOLS STUDENT HAS ATTENDED BEFORE ENTERING SFX:

SCHOOL	GRADE	YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the student ever been retained? _____ Grade? _____

ANY RELATIVES ATTENDING SFX: YES OR NO

NAME	GRADE
_____	_____
_____	_____
_____	_____

MEDICAL:

Family Physician: _____ Address: _____

Phone # _____ (Information must be accurate)

Food Allergies:

Emergency contacts

(Emergency Contacts other than Parents)

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

List of all person(s) who have permission to pick up or check out your child/children from school.

Contact: _____ **Phone:** _____

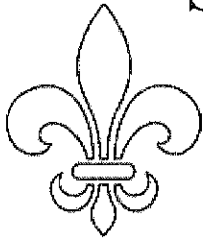
Contact: _____ **Phone:** _____

Contact: _____ **Phone:** _____

Contact: _____ **Phone:** _____

Required documents for registration

- Application
- Registration Fee
- Student Fees
- Birth Certificate
- Social Security Card
- Current Report Card
- Achievement Test Scores
- Discipline Report



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EMERGENCY INFORMATION CARD 2024-2025

_____	_____	_____	_____
Last Name	First Name	Grade	
_____	_____	_____	_____
Home Address	City	Zip Code	Cell Phone #

			Home #
Mother: _____	Father: _____		
Employer: _____	Employer: _____		
Work #: _____	Work#: _____		
Email Address: _____	Email Address: _____		

Emergency Contact Information – Please list person(s) different than those listed above:

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Medical Alert (Allergies/Illnesses) _____

If an emergency arises, the school will try to contact the student's parents. If neither can be reached, I give permission to the doctor named below to be responsible for the care of my child. If the doctor is unavailable in the event of emergency, I give administration of St. Francis Xavier School unlimited power of authority to seek emergency care at the medical or hospital facility I choose with the ability for say expenses being my responsibility.

Doctor: _____ Telephone #: _____

Choice of Hospital: _____ Insurance CO: _____

Policy NO: _____