



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

2020-2021 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: _____

(IF DIFFERENT FROM ABOVE)

HOME# _____

WORK# _____

CELL# _____

EMAIL _____

MARITAL STATUS:

MARRIED, DIVORCED, SINGLE, OTHER
JOINT CUSTODY YES OR NO

(IF DIFFERENT FROM ABOVE)

HOME# _____

WORK# _____

CELL# _____

EMAIL _____

MARITAL STATUS:

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	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical:

Family Physician _____ Address _____

Phone# _____ (Information must be accurate)

**Physical Disability: ___Asthma ___Seizure ___Hearing Loss ___ Speech
___Vision ___Nose Bleed ___Other**

Food Allergies : _____

Has student been referred for any type of educational or psychological evaluation? Yes or No. If yes, please specify:

Is student on any medication? Yes or No. If yes, name of Medication:

Does the student have a 504 Plan? ___Yes ___No

Does the student have an IEP? ___Yes ___No

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(ren) from school.

Contact _____ **Phone** _____

Contact _____ **Phone** _____

Contact _____ **Phone** _____

Contact _____ **Phone** _____

Contact _____ **Phone** _____

Required documents for registration

- Application**
- Registration Fee**
- Student Fees**
- Birth certificate**
- Complete health records**
- Social security card**
- Current report card**
- Achievement test scores**
- Discipline report**



St. Francis Xavier Catholic School

**EMERGENCY INFORMATION CARD
2020-2021**

Last Name	First Name	Grade	
Home Address	City	Zip Code	Home Phone #
Mother: _____	Father: _____		
Employer: _____	Employer: _____		
Work #: _____ Cell #: _____	Work #: _____ Cell #: _____		
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: _____
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 wholly responsible for the care of my child. If the doctor is unavailable in the event of an emergency, I give administration of St. Louis School unlimited power of authority to seek emergency care at the medical or hospital facility I choose with the liability for any expenses incurred being my responsibility.

Doctor: _____ **Telephone #:** _____

Choice of Hospital: _____

Insurance Co.: _____

Policy No: _____