



## 2026 - 2027 ENROLLMENT FORM

Dear Parents,

Thank you for choosing St. Francis Xavier Catholic School. Please find the enclosed registration forms for the 2026-2027 school year. Packets may be returned to the office or mailed to our address above. Office hours are 7:00 a.m. to 3:30 p.m. Monday – Friday. Please call (225) 387-6639 to arrange drop-off outside our office hours.

To complete the Application Packet and be admitted into St. Francis Xavier Catholic School. The following documentation for all new and existing students must be included or updated within the school's records:

### Check List:

- ☐ Registration Agreement
- ☐ Registration and Student Fees
- ☐ Financial Agreement
- ☐ Birth Certificate
- ☐ Baptismal Certificate if a child is Catholic
- ☐ First Communion Certificate if a child is Catholic
- ☐ Immunization Record
- ☐ Social Security Card
- ☐ Current Report Card
- ☐ Achievement Test Scores
- ☐ Discipline Report
- ☐ FACTS enrollment confirmation
- ☐ Drop Slip (if enrolling from another school)
- ☐ New Student/Parent Interview Session

Office Verified/Principal Approved: \_\_\_\_\_





# St. Francis Xavier Catholic School

1150 South 12<sup>th</sup> Street  
Baton Rouge, Louisiana 70802

Phone: (225) 387-6639  
Fax: (225) 383-1215  
www.sfxbr.org

## 2026-2027 ENROLLMENT FORM

GRADE\_\_\_\_\_ NEW STUDENT\_\_\_\_\_ RETURNING STUDENT\_\_\_\_\_ DATE\_\_\_\_\_

PLEASE CHECK ONE (Required)

PAYMENT PLAN: MONTHLY\_\_\_\_\_ SEMESTER\_\_\_\_\_ YEARLY\_\_\_\_\_ SCHOLARSHIP \_\_\_\_\_ FACTS\_\_\_\_\_

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

PLEASE PRINT: \_\_\_\_\_ MANDATORY SIGNATURE:\_\_\_\_\_

### SECTION I

#### 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 (*All information is needed*):

MOTHER	FATHER
Religion:	Religion:
Address:	Address:
Home Number:	Home Number:
Work Number:	Work Number:
Cell Number:	Cell Number:
Email:	Email:



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## MARITAL STATUS: (Check One)

\_\_\_ MARRIED \_\_\_ DIVORCED \_\_\_ SINGLE OTHER \_\_\_\_\_

JOINT CUSTODY: (Check One) \_\_\_ YES or \_\_\_ NO | (Required) *If so, please provide court order for records*

## MEDICAL:

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # \_\_\_\_\_ (Information must be accurate)

Food Allergies: \_\_\_ Yes \_\_\_ No | If any, what are your food allergies?

## SECTION II

### LIST ALL SCHOOLS THE STUDENT HAS ATTENDED BEFORE ENTERING SFX:

SCHOOL	GRADE	YEAR

*Please include a drop slip if enrolling from another school*

- A. Has the student ever been retained? \_\_\_\_\_ Grade? \_\_\_\_\_  
B. Has the student been dismissed from any school (Circle One)? \_\_\_ Yes or \_\_\_ No  
C. Has the student been suspended from classes at any school (Circle One)? \_\_\_ Yes or \_\_\_ No  
D. Does the student have an IEP or Service Plan (Circle One)? \_\_\_ Yes or \_\_\_ No

*If yes to any of these, please explain and include documentation:*

ANY RELATIVES CURRENTLY ATTENDING SFX: \_\_\_ YES OR \_\_\_ NO

NAME	GRADE

List of all persons who have permission to pick up or check out your child/children from school.

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_



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## EMERGENCY INFORMATION CARD SCHOOL YEAR 2026 – 2027

_____	_____	_____
Last Name	First Name	Grade
_____	_____	_____
Home Address	City	Zip Code
_____	_____	Phone No.
Mother: _____	Father: _____	
Employer: _____	Employer: _____	
Cell/Work #: _____	Cell/Work #: _____	
Email Address: _____	Email Address: _____	

### EMERGENCY CONTACTS:

(Emergency Contacts other than Parents)

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 students' parents. If neither can be reached, I authorize the doctor named below to be responsible for my child's care. Suppose the doctor is unavailable in an emergency. In that case, I authorize the administration of St. Francis Xavier School to seek emergency care at the medical or hospital facility of my choice, with the understanding that expenses may be my responsibility.

Doctor: _____	Telephone #: _____
Choice of Hospital: _____	Insurance CO: _____
Policy NO: _____	



## 2026 - 2027 Financial Responsibility

It is the financial responsibility of all parents or guardians to pay a student's tuition in full. This applies regardless of any scholarships or other financial assistance the student may receive. The following is a list of scholarships and tuition assistance that may be applied for. We recommend that you apply for all available assistance. Some may have a small application fee when you apply.

Once an award is given by the above sponsor, any remaining balance must be paid by the parent or guardian. Arrangements may be made through the office for payment. Once the arrangements are complete, they must be followed. Note: Failure to pay tuition on time will result in students being dismissed from school until payments are current. Additionally, tuition payments may also be set up and made through the FACTS System. **We highly encourage all payments to be collected through FACTS.**

Families not currently enrolled in FACTS must enroll online before submitting their registration packet. Your FACTS enrollment confirmation sheet must be attached to the registration packet. The existing FACTS customer agreement terms will remain in effect as scheduled. If you need to change an existing agreement or have questions, don't hesitate to contact the office.

The FACTS link is <https://online.factsmgt.com/signin/3GBXV>.

All GATOR/NON-GATOR students (formerly the Louisiana State Voucher System) must enroll in the FACTS Tuition Management program by June 30, 2026.

I understand and adhere to the Financial Responsibility Notice.

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The parent or Legal Guardian Signature

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Date



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## 2026 - 2027 ST. FRANCIS XAVIER CATHOLIC SCHOOL Registration Financial Agreement

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Phone # \_\_\_\_\_ Father's Phone # \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

**Registration Fee - \$150 per student (*each additional child, \$125 each*) - NON-REFUNDABLE**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

All families will make tuition payments using FACTS. Existing FACTS agreements will continue as scheduled. Don't hesitate to contact the office to change your agreement. In addition:

**Registration Fees will be collected at registration (CASH, CHECK, CREDIT/DEBT, or MONEY ORDER)**

**All other fees can be paid during registration or added to tuition payments.**

Select ONE option:

\_\_\_\_\_ **Option 1: Full Payment** - Tuition paid in full by auto debit through FACTS (Payments will be deducted on **August 1, 2026**)

\_\_\_\_\_ **Option 2: Monthly Payment** - Tuition paid monthly by auto debit through FACTS (**Payments made monthly between July 2026 - May 2027**)

Please initial if interested:

\_\_\_\_\_ Please check here if you are interested in receiving information about Tuition Assistance.

*I am responsible for the full tuition, including any tuition not covered by Tuition Assistance.*

\_\_\_\_\_  
The parent or Legal Guardian Signature

\_\_\_\_\_  
Date

### For Office Use Only:

**Registration Fee:** Date paid \_\_\_\_\_ Check # \_\_\_\_\_ / Cash \_\_\_\_\_

**Tuition:** Date paid \_\_\_\_\_ Check # \_\_\_\_\_ / Cash \_\_\_\_\_

**FACTS (Circle One):**      Option 1      Option 2



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## St. Francis Xavier Catholic School 2026 - 2027 Tuition & Registration Fees

### Registration Fees-*Non-Refundable*

Registration Fee - \$150 per student (*Each additional child, \$125 each*) - NON-REFUNDABLE

Due at the time of registration

Students in grades K - 7<sup>th</sup> - \$5575.00

Students in grade 8<sup>th</sup> - \$5575.00 + 8<sup>th</sup> Grade Fee (\$250.00) = \$5,825.00

Technology Fee - \$75.00 (*Non-Refundable*)

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**\*All families will make tuition payments using FACTS**

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## FULL PAYMENT OPTIONS

OPTION #1 - Tuition must be paid in full at the office by 8/1/2026.

OPTION #2 - MONTHLY PAYMENT Options – *Payment over 11 months*

Tuition is paid by auto debit through FACTS.

**Monthly payments are due on or before July 1, 2026, through May 2027**

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## TUITION ASSISTANCE OPTIONS

Several funding sources are available through tuition assistance. Assistance is awarded based on need, in accordance with the sponsor's guidelines and the registration process. Please adhere to the registration and guidelines set forth by each sponsor. Check off the Tuition Assistance Options you are interested in:

- ☐ LA Gator Scholarship (Education Saving Account)
- ☐ ACE Scholarships Program – Louisiana
- ☐ ARETE Scholars Program
- ☐ Aspiring Scholars Program
- ☐ Black and Indian Mission Fund

For more information about tuition assistance options, please go to [www.sfxbr.org](http://www.sfxbr.org)