



St. Francis Xavier Catholic School

1150 South 12th Street
Baton Rouge, Louisiana 70802

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

2025-2026 ENROLLMENT FORM

GRADE _____ NEW STUDENT _____ RETURNING STUDENT _____ DATE _____

PLEASE CHECK ONE

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:

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

MARITAL STATUS: (Check One)

____ MARRIED ____ DIVORCED ____ SINGLE OTHER _____

JOINT CUSTODY: ____ YES OR ____ NO

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

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

If yes to either of these, please explain:

ANY RELATIVES CURRENTLY ATTENDING SFX: ____ YES OR ____ NO

NAME	GRADE

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

Contact: _____ Phone: _____

Contact: _____ Phone: _____



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EMERGENCY INFORMATION CARD SCHOOL YEAR 2025 - 2026

_____	_____	_____
Last Name	First Name	Grade
_____	_____	_____
Home Address	City	Zip Code
_____	_____	Cell Phone #
_____	_____	Home #
Mother: _____	Father: _____	
Employer: _____	Employer: _____	
Work #: _____	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 student's parents. If neither can be reached, I permit the doctor named below to be responsible for the care of my child. Suppose the doctor is unavailable in the event of an emergency. In that case, I give the 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: _____



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To complete the Application Packet and be admitted into St. Francis Xavier Catholic School. The following paperwork for all new students must include:

- ____ 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