



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

2021-2022 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 _____

St. Francis Xavier Catholic School

1150 South 12th Street

Baton Rouge, LA 70806

Office: (225) 387-6639 Fax: (225) 383-1215

Date: _____

1st Request _____

2nd Request _____

3rd Request _____

School: _____

Address: _____

FAX #: _____

Phone #: _____

Student's Name

DOB

GRADE

Please forward copies of the following checked items:

_____ Report Cards up to the current grade

_____ Leap, ALeap or Other Standardized Test Scores

_____ Birth Certificate

_____ Immunization Records

_____ Social Security Card

_____ Special Education Evaluation and IEP, if applicable

_____ Section 504 information, if applicable

_____ Discipline Record if this is a problem

_____ Drop Slip

_____ Others _____

Parent(s)

Faculty

Title

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 #:	_____	_____
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: _____

DIOCESE OF BATON ROUGE
COVID-19 CONSENT FORM AND LIABILITY WAIVER

Name(s) of Child(ren): _____

Birth date(s): _____ Gender(s): _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and social distancing is therefore recommended.

_____ Parish/School ("**Parish/School**") will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 during the 2020-2021 academic year (the "**School Year**") at the Parish/School including, but not limited to, during student arrivals/departures; before, during and after classes, meals and class/school assemblies; extracurricular meetings and activities; sports practices and events; and other activities (each, an "**Activity**" and collectively, the "**Activities**"). However, even though such standards will be followed and reasonable measures are in place, Parish/School cannot guarantee that your child(ren) or you will not become infected with COVID-19. Further, your child(ren)'s attendance at the Parish/School and/or participation in an Activity could increase his/her/their risk, and yours, of directly or indirectly contracting COVID-19.

By signing this *COVID-19 Consent Form and Liability Waiver* ("**Agreement**"). I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by his/her/their attendance at the Parish/School and/or participation in any Activities and that such exposure or infection may result in personal injury, illness, permanent disability, and even death ("**Injury**"). I understand that the risk of becoming exposed to or infected by COVID-19 during attendance at the Parish/School or participation in an Activity may result from the actions, omissions or negligence of myself and/or others including, but not limited to, Parish/School employees and volunteers; third-party service providers; other students and visitors at the Parish/School; and participants in an Activity and their families.

Considering the foregoing, and notwithstanding the risks associated with the COVID-19 virus and group activities, I, _____, grant permission for my child(ren) named above to attend the Parish/School and participate in all Activities during the School Year, some of which may require transportation to a location away from the Parish School site.

I further agree on behalf of myself, my child(ren) named herein, and my spouse (if any), my/our heirs, successors and assigns, to release, indemnify and hold harmless the Parish/School and The Roman Catholic Church of the Diocese of Baton Rouge, its their members, directors, employees, agents and representatives ("**Indemnitees**"), from all claims related to an Injury associated with attending the Parish School and or participating in one or more Activities and arising from or in connection with the negligent acts or omissions of the Indemnitees, but ONLY in regard to the prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature: _____
Print Name: _____

Date: _____