

# St. Francis Xavier Catholic School

1150 SOUTH 12<sup>TH</sup> STREET  
BATON ROUGE, LA 70802  
Phone: 225-387-6639 Fax: 225-383-1215  
Website: [www.sfxbr.org](http://www.sfxbr.org)

## 2023-2024 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:** \_\_\_\_\_

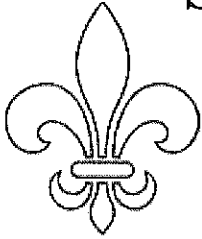
**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**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 2023-2024

\_\_\_\_\_ 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: \_\_\_\_\_

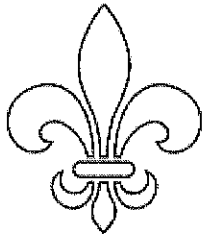
Medical Alert (Allergies/Illnesses) \_\_\_\_\_

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: \_\_\_\_\_



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Date: \_\_\_\_\_

1<sup>st</sup> Request \_\_\_\_\_

2<sup>nd</sup> Request \_\_\_\_\_

3<sup>rd</sup> 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, iLeap or Other Standardized Test Scores

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ Discipline Record if this is a problem

\_\_\_\_\_ Drop Slip

\_\_\_\_\_ Others \_\_\_\_\_

\_\_\_\_\_  
Parent(s) signature

\_\_\_\_\_  
Faculty

\_\_\_\_\_  
Title