

Enrollment Form

**ST. FRANCIS XAVIER
CATHOLIC SCHOOL
1150 SOUTH 12TH ST.
BATON ROUGE, LA 70802**

School Term: 2017-2018

Student's Information

Date of Application _____

Student's Name: _____
Last First Middle

Entering Grade: _____

Date of Birth: _____ Gender: _____ SSN: _____

Race: _____ Blood Type: _____ Church Affiliation: _____

Last School Attended: _____ Has the student ever been retained? _____ Grade? _____

Primary Family Information (Child Lives With Family)

Address Line 1: _____

Address Line 2: _____

Home Phone _____
City State ZIP Code County

Father's Information

Father's Name _____
Last First Middle

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____

Work Phone: _____

Marital Status: _____ Church Affiliation: _____

Mother's Information

Mother's Name: _____
Last First Middle

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____

Work Phone: _____

Marital Status: _____ Church Affiliation: _____

Secondary Family Information (Child Does Not Live With Family)

Address Line 1: _____

Address Line 2: _____

City

State

ZIP Code

Parish

Father's Information

Father's Name: _____
Last First Middle

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone _____ Pager: _____

Company Name: _____ Job Title: _____

Business Phone: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Mother's Information

Mother's Name: _____
Last First Middle

Preferred Name _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____

Business Phone 1: _____ Ext. _____

Business E-Mail: _____

Other Siblings Attending St. Francis Xavier _____

Emergency Information

Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Medical Contacts

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____

Policy Number: _____

Medical Information:

Physical Disability: ___ Asthma ___ Seizure ___ Hearing ___ 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 this student have a 504 Plan? ___ Yes ___ No

Pickup Information (People Authorized to pickup children from school)

Name: _____ Phone: _____ License: _____

Tag: _____

Notes: _____

Name: _____ Phone: _____ License: _____

Tag: _____

Notes: _____