



Redemptorist St. Gerard Catholic School
3655 St. Gerard Ave.
Baton Rouge, LA 70805
Phone: 225-355-1437 Fax: 225-355-1879
Website: www.resbr.org

2025-2026 ENROLLMENT FORM

DATE: _____ GRADE: _____ NEW STUDENT _____ RETURNING STUDENT _____

PLEASE PRINT OR TYPE

STUDENT NAME: _____ DOB: _____
ADDRESS: _____ CITY: _____ ZIP: _____
GENDER: FEMALE _____ MALE _____ RACE: AFRICAN AMERICAN _____ HISPANIC _____ CAUCASIAN _____ OTHER: _____
STUDENT RESIDES WITH: _____
STUDENT RELIGION: _____ NAME _____ RELATIONSHIP _____
SOCIAL SECURITY #: _____ - _____ - _____

PARENT INFORMATION:

MOTHER: _____	FATHER: _____
ADDRESS: _____	ADDRESS: _____
HOME PHONE: _____	HOME PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
EMAIL: _____	EMAIL: _____
RELIGION: _____	RELIGION: _____

MARITAL STATUS: (CHECK 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:



PLEASE LIST ANY SCHOOLS PREVIOUSLY ATTENDED

SCHOOL

GRADE

YEAR

_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the student ever been retained? (PLEASE CIRCLE) YES/NO If so, what grade? _____

RELATIVES ATTENDING RSG? YES/NO

NAME

GRADE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACTS (other than parents)

NAME

RELATIONSHIP

PHONE #

_____	_____	_____
_____	_____	_____
_____	_____	_____

Who has permission to check your child out of school and/or pick them up?

NAME

RELATIONSHIP

_____	_____
_____	_____
_____	_____



REQUIRED DOCUMENTS FOR REGISTRATION

-
- Application
 - Registration Fee \$35 (New students only K-8th Grade)
 - Student Fees
 - Birth Certificate
 - Social Security Card
 - Immunization Records or Letter of Immunization Exemption
 - Last Report Card (If transferring from another school)
 - Test Scores (If transferring from another school 3rd-8th grade)
 - Disciplinary Report (If transferring from another school)
 - Parent/Guardian Driver's License or State ID
 - Proof of Income
 - Proof of Residence



2025-2026 TUITION AND FEE AGREEMENT

Tuition- \$6,600.00

Application Fee- \$35 Per New Student (Non-refundable)

Redemptorist St. Gerard has several tuition programs available. Please select which program your child will be participating in for the 2025-2026 school year:

___ **Full Tuition Paying:** Parent/Guardian is paying the full tuition amount of \$6,600.00. Tuition must be paid in full or create a tuition loan through Gulf Coast Bank for the remaining balance.

___ **ACE Scholarship Student:** Parent/Guardian can either pay the tuition in full on the first day of school or create a tuition loan through Gulf Coast Bank for the remaining balance.

___ **ARETE Scholarship Student:** Parent/Guardian can either pay the tuition in full on the first day of school or create a tuition loan through Gulf Coast Bank for the remaining balance.

___ **ASPIRING SCHOLARS Scholarship Student:** Parent/Guardian can either pay the tuition in full on the first day of school or create a tuition loan through Gulf Coast Bank for the remaining balance.

___ **LA GATOR Scholarship Student:** There are no tuition fees for this scholarship. All application and instructional/technology fees must be paid by the first day of school.

It is the policy of Redemptorist St. Gerard Catholic School that all fees and tuition are to be prepaid to the school before the beginning of the school year or parents must create a loan with Gulf Coast Bank. Redemptorist St. Gerard Catholic School does not discriminate on the basis of race, color, gender, sexual orientation, religion, or national or ethnic origin in our student admission process, faculty and staff hiring practices, educational policies, scholarships, athletics, or other school administered programs.

Parent/Guardian Signature:

Date:



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EMERGENCY INFORMATION CARD

2025-2026

Student Name: _____

Grade: _____

Parent/Guardian Name: _____

Phone #: _____

MEDICAL

Illnesses: _____

Food Allergies: _____

Family Physician: _____

Address: _____

Telephone #: _____

Hospital of Choice: _____

In the event of a medical emergency, administration will try to contact the parent/guardian of the student. If neither parent can be reached, Redemptorist St. Gerard is authorized to contact the physician or hospital listed above. If neither party is able to be contacted, I give RSG authority to seek emergency care at the closest medical facility. I also understand that all medical expenses will be my responsibility.

Parent/Guardian Signature: _____ Date: _____

Redemptorist St. Gerard Catholic School Policies & Permission Form

Student Name: _____ Grade: _____

The Redemptorist St. Gerard Catholic School Parent/Student Handbook is located on the school website, www.rsgbr.org. Please read and review the policies and procedures contained in the handbook with your child/children. Then sign and return the following form by **August 15, 2025**

Please return one signed form for each child enrolled in Redemptorist St. Gerard Catholic School.

School Policies and Procedures

I have read, understand, and agree to abide by the policies and procedures outlined in the Parent and Student Handbook.

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Parent and student signatures are required in grades 1 – 8.

Parents' signatures are required for
Pk-K students.

Permission to Publish Work and Photos

(Check One) _____ I DO _____ I DO NOT grant permission for Redemptorist St. Gerard to release for publication my child's name and/or likeness, work, and/or photographs to media outlets, and to the Redemptorist St. Gerard's website and social media pages. I hereby further release, indemnify, and hold harmless Redemptorist, their directors, agents, employees, and insurers from all claims and/or damages on behalf of myself and my child arising from the publication of my child's name, photograph, work, or likeness on Redemptorist website.

Parent's Signature: _____ Date: _____

Acceptable Use Policy for Technology

I have read, understand, and agree to abide by the policies and procedures outlined in the school's AUP (Acceptable Use Policy).

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Parents' signatures are required for Pk-K students.

Parents AND students in grades 1 – 8 signatures are required.
