



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

2026-2027 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: _____

NAME

RELATIONSHIP

STUDENT RELIGION: _____ 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 (Cash Only) (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



2026-2027 TUITION AND FEE AGREEMENT

Tuition- \$7,400.00

Application Fee- \$35 (Cash only) - Per New Student (K thru 8th -Non-refundable)

Redemptorist St. Gerard offers several tuition programs. Please select which program your child will be participating in for the 2026-2027 school year:

___ **Full Tuition Paying:** Parent/Guardian is paying the full tuition amount of \$7,400.00. Tuition must be paid in full, or a tuition loan must be created 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 tuition in full on the first day of school or take out a tuition loan through Gulf Coast Bank for the remaining balance.

___ **LA GATOR 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

2026-2027

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 attempt to contact the student's parent or guardian. If neither parent can be reached, Redemptorist St. Gerard is authorized to contact the physician or hospital listed above. If neither party can be contacted, I give RSG authority to seek emergency care at the nearest medical facility. I also understand that all medical expenses will be my responsibility.

Parent/Guardian Signature: _____ Date: _____



REDEMPTORIST ST. GERARD SCHOOL CAFETERIA

STUDENT INFORMATION 2026-2027

Grade: _____

Student Name:

Address:

(Street or P.O. Box)

City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____ Ethnicity: _____

Sex: __M __F

Parent/Guardian Name: _____ Telephone: _____

Allergies:

Parent/Guardian (Print)

Date

Parent/Guardian Signature