

**Office Use Only**

\$125 Application Fee

\$250 New Student Fee

**Saint Raphael Catholic School  
Application for Admission**

2017 -2018 or  2018 -2019

Student's Full Name \_\_\_\_\_  
*(Last, First, Middle Name, as it should appear on school records)*

Grade Requested:  Kindergarten  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

Name Child Goes By \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City, State

Male  Female  White  Hispanic  Asian  African-American  Native-American  Other \_\_\_\_\_

Student's Home Address \_\_\_\_\_ Street \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student's Religion \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

Father's Address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

\_\_\_\_\_ Mother's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Religion \_\_\_\_\_ Religion \_\_\_\_\_

Birth Place (City, State) \_\_\_\_\_ Birth Place (City, State) \_\_\_\_\_

Please list all persons residing in student's household, adults and children: Name of Siblings Age Present School  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Status:  Parents married  Mother remarried  Father remarried  Other  
 Parents separated  Parents divorced  Mother deceased  Father deceased

Was the student adopted?  No  Yes Date of adoption \_\_\_\_\_

Financial responsibility for the student's tuition will be assumed by:

Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_

Saint Raphael Catholic School welcomes and considers all applications without regards to race, religion, ethnic or national background.

**Education Information**

Student's present school \_\_\_\_\_

Dates of attendance \_\_\_\_\_

If St. Raphael Preschool, Class Name: \_\_\_\_\_

School address \_\_\_\_\_

School phone number \_\_\_\_\_

Previous school \_\_\_\_\_

Dates of attendance \_\_\_\_\_

School address \_\_\_\_\_

School phone number \_\_\_\_\_

Has your child had any specialized tests or evaluations?  No  Yes

*If yes, please list below:*

Test/Evaluation

Administered by

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child received any specialized tutoring or private treatment within the last three years?  No  Yes *If yes, please describe below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Information**

Describe your child's general health.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical limitations or allergies which would limit participation in the full range of school activities?

No  Yes *If yes, please describe briefly.*

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever suffered any serious illness, injury, or hospitalization?

\_\_\_\_\_  
\_\_\_\_\_

Is your child currently receiving any medication?  No  Yes *If yes, please list.*

\_\_\_\_\_

## Sacramental Information

_____	_____	_____
Baptismal Church	Location	Date
_____	_____	_____
First Communion	Location	Date

Current Parish Affiliation \_\_\_\_\_

### **PLEASE CHECK ONE:**

\_\_\_\_\_ Our family is applying for St. Raphael Stewardship Tuition status and we will submit a completed Stewardship Form.

\_\_\_\_\_ Our family is NOT applying for St. Raphael Stewardship Tuition status.

## Personal Information

*Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.*

Why do you want your child to attend a Catholic school?

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Briefly describe your child's school and church experience.

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Describe the aspects of your child's previous school experience with which you have been most pleased.

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What would you like our Catholic school to accomplish with your child over the next few years?

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## Registration Requirements (portfolio to be completed before final acceptance of student)

- Birth Certificate
- Health Records (*including updated immunizations*)
- Parish Stewardship Form or P.A.F. (*if Catholic*)
- Copy of Baptismal Certificate (*if Catholic*)
- Adoption Certificate (*if applicable*)
- Kindergarten Health Assessment from Physician (kindergarten only)
- Latest report card and/or progress report
- Standardized test results (*if applicable*)
- Non-refundable, application fee of \$125.00
- Court Order (*if applicable*)

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