

Office Use Only

\$125 Application Fee

\$250 New Student Fee

**Saint Raphael Catholic School
Application for Admission**

2019 - 2020 or 2020 - 2021

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

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

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 Discipleship Tuition status and we will submit a completed Discipleship Form.
- Our family is NOT applying for St. Raphael Discipleship 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?

Briefly describe your child's school and church experience.

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

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

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

- Birth Certificate
- Health Records (*including updated immunizations*)
- Parish Discipleship Form or Raleigh Deanery Form (*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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