



Student Application

Date of Application ___ / ___ / ___

Entering Grade _____

Student Information:

Student Name _____ Gender _____
First Middle Last

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ School District _____ Date of Birth ___ / ___ / ___

Age _____ Place of Birth _____ US Citizen: Yes No

Racial/ Ethnic Origin: White Black Hispanic American Indian Asian/Pacific Islander

Admitted from _____ Location _____ Grade _____
School

Religious Affiliation: Catholic Non-Catholic Church _____

Sacrament	Parish	Location	Date
Baptism			
Penance			
First Communion			
Confirmation			

Parent Information:

Father's/Guardian's Full Name _____ Religion _____

Address _____

Home Phone _____ Cell Phone _____ Email _____

Occupation _____ Place of Business _____ Work Phone _____

Mother's/Guardian's Full Name _____ Religion _____

Address _____

Home Phone _____ Cell Phone _____ Email _____

Occupation _____ Place of Business _____ Work Phone _____

Student Resides with: Parent(s) Legal Guardian(s) Other (please specify) _____

Relationship of Guardian to Child _____

Single Parent? Yes No If yes, is spouse deceased? Yes No Separated/Divorced? Yes No

Father Remarried? Yes No Mother Remarried? Yes No

Parental Rights (if separated or divorced) _____

If custodial restrictions exist, please provide us with a copy of the legal document setting forth the restrictions.



Person Responsible for Financial Obligations (if not parent/guardian named above):

Name _____ Phone _____

Address _____

Emergency Contact (other than parent(s)/legal guardian named above):

Name _____ Relationship _____

Address _____

Phone _____

Other Information:

Has the student been classified as having a learning disability? Yes No

If yes, please state the disability _____

Has the student received Compensatory Education? Yes No

Medical Information:

Does the student have any physical disabilities which require special attention? Yes No

If yes, please state the disability _____

Family Physician _____ Phone _____

Siblings:

List other children enrolled in St. Raphael at the present time.

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

The following information is for our Alumni Association:

Please list relatives who attended St. Raphael School or Holy Angels School.

Last Name	First Name	Relationship	Year of Graduation

Please complete this form and return with the Registration Packet along with the non-refundable registration fee of \$150.00.

Saint Raphael School does not discriminate on the basis of race, color, sex, nation or ethnic origin in the acceptance of students.

For Office Use Only:

Application Fee _____ Cash or Check# _____ Initials _____