



Student Application

Please answer all questions on both sides of form. Print neatly.

Date of Application ___/___/___ Entering Grade _____

Student Information:

Student Name _____

First

Middle

Last

Street Address _____

City

State

Zip

Student Home Phone Number () _____ Student Birth Date ___/___/___

Age _____ Place of Birth _____ US Citizen Yes No

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

Religious Affiliation: Catholic Non-Catholic Church _____

Parent Information:

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

Father's/Guardian's Full Name _____

First

Middle

Last

Street Address _____

Home Telephone Number () _____ Cell Phone Number () _____

E-mail Address _____ Occupation/Job Title _____

Place of Business _____ Telephone Number () _____ Ext _____

Mother's/Guardian's Full Name _____

First

Middle

Last

Street Address _____

Home Telephone Number () _____ Cell Phone Number () _____

E-mail Address _____ Occupation/Job Title _____

Place of Business _____ Telephone Number () _____ Ext _____

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

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

If child does not reside with either parent(s) or legal guardian(s), please explain below:

Public School District in which the student resides: _____

Please complete the back of this form

Person Responsible for financial obligations (if not parent/guardian named above):

Name _____

City State Zip Code
Telephone: Day () Evening() Cell()

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

Emergency Contact Person _____ Relationship _____

Emergency Contact Address _____

City State Zip Code
Emergency Contact Phone #() cell # ()

Other Information:

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.

Last Name	First Name	Relationship	Year of Graduation
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_____	_____	_____	_____
_____	_____	_____	_____

The following information is required for scheduling purposes:

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 _____ Telephone # () _____

Please complete and return this form with a non-refundable \$150.00 registration fee to:

St. Raphael School
151 Gropp Avenue
Hamilton, New Jersey 08610

For office use only:

Application received _____ Check # _____ Cash _____ By _____

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