SAINT RAPHAEL THE ARCHANGEL
CATHOLIC ELEMENTARY SCHOOL **2018 – 2019**
ELEMENTARY SCHOOL ADMISSIONS FORM (Please complete one form per student)

STUDENT INFORMATION			
Last Name	First, M.I.	Nickname	
Street Address		Apartment/Unit#	
City/State	Zip	Phone	
Date of Birth		Religion	
Does your child have any special needs? __Yes __No If "yes" please attach documentation with this application.			
Please circle ethnicity: Asian Black Hispanic/Latino Multi-Racial White Other			
FAMILY INFORMATION			
Father			
Last Name	First Name	M.I.	
Street Address		Apartment/Unit#	
City/State	Zip	Date of Birth	
Preferred Phone	Check for Text__	Secondary Phone	Check for Text__
Email Address			
Mother			
Last Name	First Name	M.I.	
Street Address		Apartment/Unit #	
City/State	Zip	Date of Birth	
Preferred Phone	Check for Text__	Secondary Phone	Check for Text__
Email Address			
Both Parents			
Religion		Name of Pastor	
Church Where Parents Are Registered			
Street Address		City/State	Zip
Marital Status Married__ Divorced__ Single__ Remarried__			
If divorced, name of parent who has legal custody			
Name of parent who has primary physical custody			
Date of most recent decree, including modifications			
Name of non-custodial parent		Phone Number	
Street Address		City/State	Zip

Please note that the school is required to have an up-to-date copy of the court approved Parenting Plan. Please submit a copy with the application. over

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PREVIOUS SCHOOL INFORMATION

Preschool		
Name	Years Completed Director	
Street Name	City/State	Zip
Email Address	Phone Number	

Elementary School (*for transferring students, if more than one previous school please list all on separate sheet*)

Name	Admission for Grade Principal	
Street Address	City/State	Zip
Reason for Leaving Date Withdrawn		
Name of Public School District in which you currently reside		
Name of Public School you would attend in this district (elementary, middle)		
Name of Parish in which you currently reside		

STUDENT SACRAMENTAL INFORMATION (please enter dates)

Baptism Date	Church	City/State
1st Communion Date	Church	City/State
Confirmation Date	Church	City State
Mother's Maiden Name		

Parent's Statement "Why we want to enroll our child in Saint Raphael the Archangel Catholic Elementary School"

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_____

_____

Father's Signature_____ Date_____

Mother's Signature_____ Date_____

Please return this application to:
Saint Raphael the Archangel Catholic Elementary School
Admissions – Office of the Principal
6000 Jamieson Avenue
St. Louis, Missouri 63109

If you have any questions, please contact the school office at 314-352-9474
For more information about our school, please visit our website at:
www.straphaelarchangel.org

Date Received:_____

Received by:_____