



# St. Raphael School

1154 Chislett Street Pittsburgh, PA 15206

Phone: (412) 661-3100 Fax: (412) 661-0428 Website: [straphaelpgh.org/school](http://straphaelpgh.org/school)

\*ENTERING GRADE: \_\_\_\_\_

Preschool Applicants: (circle one)

3 yr old    4 yr all day

## STUDENT DATA (please print clearly)

Student's Last Name:		First:	Middle:
Address:			Male / Female:
City:	State:	Zip:	Phone:
Date of Birth:		Age as of September 1:	
Public School District of Residence :		Public School Building this student would attend, if not enrolled here:	
Religion:		If Catholic, parish and diocese:	
Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other			
Current School (if any):		Address of Current School:	

TRANSPORTATION: Child will be a:     Car Rider                       Walker                       Bus Rider\*

\*You must check with your home school district and follow their procedure to register for transportation.

## FAMILY DATA (Please Print Clearly)

MOTHER (First, Maiden & Last)/Parent/Guardian #1

FATHER/Parent/Guardian # 2

Name:	Name:
Address:	Address:
Relationship to Student:	Relationship to Student:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
*E-mail:	*E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No	Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No

*\*Please provide at least one email address. A large portion of communication by the school is done via email especially over the summer months.*

Student resides with:     Both Parents     Mother only     Father only     Joint Custody     Other

Parents/Guardians Marital Status:     Married     Separated     Divorced     Widowed     Single Parent

Office Use only:

- |   |
|---|
| <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptism Certificate (if applicable) <input type="checkbox"/> Immunization Records <input type="checkbox"/> Pastor Verification (if applicable)<br><input type="checkbox"/> Academic Records <input type="checkbox"/> Discipline Records <input type="checkbox"/> Psychological Report (if applicable) <input type="checkbox"/> Registration Fee |
|---|

**GUARDIANSHIP (if applicable)**

**Custody: A legal document stating guardianship must be provided in cases of divorce with sole and/ or shared custody**

Student's legal guardian (if other than parent) \_\_\_\_\_

Relationship to the student \_\_\_\_\_

**BROTHERS / SISTERS IN ORDER OF BIRTH:**

Name	Male/Female	Date of Birth
1.		
2.		
3.		
4.		

**\*SACRAMENTAL INFORMATION of Applicant:**

Date	Church	City and State
Baptism		
Reconciliation		
Holy Eucharist		
Confirmation		

**\*If Baptized Catholic, you must provide a copy of the baptismal certificate upon registration.**

**If you have received any of the other sacraments listed, also provide a copy of those certificates upon registration.**

In order to provide the best education for your child, please complete the following:

Has your child ever:

1. Had a psychological evaluation?  Yes  No

2. Been diagnosed with any of the following:

LD (Learning Disability)  ADD (Attention Deficit Disorder)  ADHD (Attention Deficit Hyperactive Disorder)  ASD (Autism Spectrum Disorder)  ODD (Oppositional Defiant Disorder)  Other

Does your child take medication associated with this diagnosis?  Yes  No

If yes, please specify. \_\_\_\_\_

3. Received any of the following services:

Counseling  Emotional Support  Gifted Support  Remedial Math  Remedial Reading  
 Speech/Language  Project Dart  Learning Support  Other

4. Had an IEP?  Yes  No If yes, what is the disability? \_\_\_\_\_  
Please submit a copy of the IEP.

5. Been diagnosed with a medical condition that the school should be aware of?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

6. Repeated a grade.  Yes  No If yes, which grade? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_

7. Received a suspension from school?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

8. Been asked to transfer?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

9. Been expelled from school?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this Application Packet with a non-refundable fee of \$100 (preschool applicants non-refundable fee \$100). Registration fee will be applied towards the tuition. Checks and money orders should be made payable to St. Raphael School.

In order for a student to be accepted and registration finalized, all documentation as noted on the bottom of the first page must be submitted. Arrangements may be made in regards to physician/dental forms due to delayed/summer appointments by contacting the school office.

New students are accepted on a probationary basis. New students and their families should be cognizant of, and willing to comply with, all school expectations. If problems arise during the probationary period, which have not been resolved, the student will be required to transfer.