



St. Raphael Catholic School

1376 Snell Isle Blvd. N.E.

St. Petersburg, FL 33704

727-821-9663/Fax 727-502-9594

srsoffice@st-raphaels.com

Student Admission Application
School Year _____ Grade Level _____

Student Information

Last Name _____ First _____ Middle _____

Gender: Male or Female (circle one)

Home address _____ Apt. # _____

City _____ State _____ Zip _____

Date of Birth _____ Location _____

Religion: Catholic _____ Other (specify) _____

Current School _____ Last Grade Completed _____

Address _____ City _____ State _____ Zip _____

Principal or Director: _____ Phone: _____

Family Information

Mother's last name _____ First name _____

Religion: Catholic _____ Other (specify) _____

Home parish (if Catholic): _____ Pastor _____

Cell number _____ Home number _____

Email address _____

Father's last name _____ First name _____

Religion: Catholic _____ Other (specify) _____

Home parish (if Catholic): _____ Pastor _____

Cell number _____ Home number _____

Email address _____

Status: married _____ separated _____ divorced _____ single _____ annulled _____ other _____

Who has legal guardianship? _____

Where there has been a legal dissolution of marriage of a student's parents or a mandate of guardianship, all schools in the Diocese of St. Petersburg are required to have on file: 1) Name and address of both parents or guardians; 2) A certified copy of the Order of Dissolution or Guardianship; and 3) Subsequent modifications of either document. The student's application for enrollment is not complete until these documents are on file at St. Raphael.

Academic Information

Has your child ever been assessed, either in the school setting or by a private practitioner, for special needs such as, but not limited to the following: **(Circle all that apply)**

Learning Disabilities: Reading, Math, Written Expression

Emotional/Behavioral: ADD/ADHD, ODD, Conduct

Developmental: Autistic Disorder, Asperger’s

Communication: Expressive Language Disorder, Mixed Receptive/Exp.

Processing: CAPD

Other: (Please Explain): _____

Has your child been assigned to any special programs in a previous school? _____

If yes, name of program _____

Has the student ever been advised to participate in such a program? _____

If yes, name of program _____

Parent/Guardian Statement

I/We hereby request that my/our child listed above be considered for admission to St. Raphael Catholic School. I/We certify that all the information contained in this application is correct. I acknowledge that the falsification of information or any misrepresentation of the facts can be sufficient reason for denying application and/or dismissal from school. I/We agree to present my/our child for an interview at school if requested. Should my/our child be accepted, I/we agree to submit all applicable fees and tuition according to the policy of the school and to abide by the policies as set forth in the Student/Parent Handbook. All new students are accepted on a 90 day probationary period. St. Raphael Catholic School/Parish will keep all information regarding your child and your family confidential except as required by the Diocese of St. Petersburg and applicable laws.

Please be aware that St. Raphael will contact the last school of attendance to clarify all financial obligations have been met. Class placement is determined by administration only.

Mother’s signature _____ **Date** _____

Father’s signature _____ **Date** _____

Application fee of \$50 per student is non-refundable.

For Office Use Only

Check when complete:

_____ *Application thoroughly reviewed*

_____ *Divorce/Separated paperwork
(if necessary)*

_____ *Application fee of \$50 received*

_____ *Application is signed*

_____ *Release of records completed & submitted*

_____ *Records received*

_____ *Student accepted*

_____ *Registration link sent to family*