



**Saint Raphael School**  
 1100 Fifth Avenue  
 San Rafael, California 94901  
 Telephone (415) 454-4455  
 Fax (415) 454-5927

Applying for grade \_\_\_\_\_ in \_\_\_\_\_ Present Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Year

Child's Name \_\_\_\_\_  
Last First Middle

Child's Address \_\_\_\_\_  
Number & Street City State Zip Telephone Number

Present School \_\_\_\_\_  
Name Number & Street City State Zip Telephone Number

Child's Religion \_\_\_\_\_  
Religion Church of Baptism Date of Baptism Parish

Child's Home Conditions: Child lives with ... (Please check as many as are applicable)

Father \_\_\_\_\_ Step-father \_\_\_\_\_ Father deceased \_\_\_\_\_

Mother \_\_\_\_\_ Step-mother \_\_\_\_\_ Mother deceased \_\_\_\_\_ Legal guardian \_\_\_\_\_

Father's Name \_\_\_\_\_  
Last First Place of Birth Citizenship Religion

Father's Occupation \_\_\_\_\_  
Business Name Number & Street City State Zip Telephone Number

Mother's Name \_\_\_\_\_  
Last Maiden First Place of Birth Citizenship Religion

Mother's Occupation \_\_\_\_\_  
Business Name Number & Street City State Zip Telephone Number

Father's Email Address \_\_\_\_\_ Mother's Email Address \_\_\_\_\_

Would you like more information on financial aid? \_\_\_\_\_

Siblings: Name Age School of Attendance  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please continue to the other side*

**Please provide a recent family photograph along with a copy of your child's Birth certificate, Baptism and Immunization records.**

**Please include the \$100.00 non-refundable application fee.  
 Saint Raphael School admits students of any race, color, national and ethnic origin.**

**In order to help us know you and your child, please answer the following:**

Has your child ever been referred for an educational assessment?  Yes  No

Does your child have an active IEP?  Yes  No

Is your child currently receiving:   
Special Service?  Yes  No   
Tutoring?  Yes  No

If yes, please describe the service: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been expelled or suspended from school?  Yes  No

Please list any siblings, their ages and their school of attendance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for applying to Saint Raphael School?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share with us a brief description of your child. What adjectives best describe him or her?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Saint Raphael School?  
\_\_\_\_\_  
\_\_\_\_\_

To what other schools have you applied?  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Saint Raphael School does not discriminate on the basis of religion, race, national or ethnic origin.*