



ST. RAPHAEL SCHOOL 1154 Chislett Street, Pittsburgh, PA 15206 ~ 412-661-0288

REGISTRATION & INFORMATION FORM

PLEASE PRINT

DATE

GRADE CHILD WILL ENTER

LAST NAME OF CHILD

FIRST NAME

MIDDLE NAME

DATE OF BIRTH

PLACE OF BIRTH

SEX

RELIGION

FATHER'S LAST NAME

FATHER'S FIRST NAME

RELIGION

MOTHER'S LAST NAME

MOTHER'S FIRST NAME

RELIGION

ADDRESS, CITY, STATE, ZIP CODE

HOME PHONE

PUBLIC SCHOOL DISTRICT IN WHICH CHILD RESIDES

FATHER LIVES WITH APPLICANT _____
YES or NO

MOTHER LIVES WITH APPLICANT _____
YES or NO

PARISH AT WHICH PARENTS ARE REGISTERED

In an emergency, where can the school call for Parent (other than home) with phone number(s)

SECOND PERSON TO CALL W/ PHONE NUMBER

THIRD PERSON TO CALL W/PHONE NUMBER

FATHER'S PLACE OF WORK

JOB OR OCCUPATION

WORK PHONE

FATHER'S EDUCATION COMPLETED (CIRCLE ONE THAT INDICATES HIGHEST LEVEL ACHIEVED)
8TH GRADE HIGH SCHOOL TRADE SCHOOL COLLEGE POST GRADUATE

MOTHER'S PLACE OF WORK

JOB OR OCCUPATION

WORK PHONE

MOTHER'S EDUCATION COMPLETED (CIRCLE ONE THAT INDICATES HIGHEST LEVEL ACHIEVED)
8TH GRADE HIGH SCHOOL TRADE SCHOOL COLLEGE POST GRADUATE

Check applicable status:

_____ Parents Married

_____ Parents Separated

_____ Parents Divorced

_____ Single Parent

_____ Mother Remarried

_____ Father Remarried

_____ Mother Deceased

_____ Father Deceased

With whom is applicant living _____ Who is the legal guardian _____

OVER

IS THERE A CUSTODY AGREEMENT THAT WE NEED TO BE AWARE OF: NO YES

IF YES, PLEASE EXPLAIN: _____

NUMBER OF CHILDREN IN THE FAMILY: _____ Boys: Ages _____ Girls: Ages _____

The following information should be filled in as exactly as possible on the applicant:

DATE	CHURCH	ADDRESS
BAPTISM		
HOLY COMMUNION		
RECONCILIATION		
CONFIRMATION		

Is a Second Language Spoken at Home: No Yes What Language _____

Does your child now have, or have they ever had an IEP? Yes No

Copy included with Registration Form? Yes No

Does child have any physical disabilities (e.g. hearing loss, eye trouble, diabetic, etc.) which the school authorities should know about: _____ ANY SERIOUS CONDITION SHOULD BE NOTED ON A SEPARATE LETTER TO THE PRINCIPAL. On this form, if the answer to the above is YES, please indicate briefly what the physical disability is: _____

IF CHILD IS TRANSFERRING FROM ANOTHER SCHOOL: School _____
Address _____
City/State/Zip _____
Principal _____ Phone _____

BUS INFORMATION: It is the policy of the Board of Public Transportation to provide bus transportation to any pupil living between one and a half miles and 10 miles from their elementary school. Any parent wishing bus transportation for their child should sign below.

I would would not like to receive bus transportation

Parent Signature _____

PLEASE SUBMIT WITH APPLICATION:

- 1) STATE BIRTH RECORD WITH STATE SEAL
- 2) IMMUNIZATION RECORDS
- 3) IF APPLICANT IS CATHOLIC, A COPY OF BAPTISMAL CERTIFICATE
- 4) \$300 NON-REFUNDABLE DEPOSIT