

ST. RAPHAEL CATHOLIC SCHOOL
 NEW STUDENT REGISTRATION APPLICATION **KG-8th GRADE**
 SCHOOL YEAR: 2019-2020

CHILD'S LAST NAME	FIRST	MIDDLE	D.O.B.	() ()	MALE	FEMALE
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MAILING ADDRESS	CITY	ZIP	CHILD'S RELIGION
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ENTERING GRADE	DATE	FAMILY PRIMARY EMAIL ADDRESS
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SCHOOL PREVIOUSLY ATTENDED	ADDRESS	PHONE
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FATHER'S NAME	ADDRESS IF DIFFERENT THAN ABOVE	RELIGION
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OCCUPATION	PLACE OF EMPLOYMENT	WORK PHONE	HOME PHONE
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CELL PHONE	FATHER'S EMAIL
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MOTHER'S NAME	MAIDEN NAME	ADDRESS IF DIFFERENT THAN ABOVE	RELIGION
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OCCUPATION	PLACE OF EMPLOYMENT	WORK PHONE	HOME PHONE
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CELL PHONE	MOTHER'S EMAIL
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PARENT STATUS: **MARRIED** **DIVORCED** **SEPARATED**

CHILD LIVES WITH: **BOTH PARENTS** **MOTHER** **FATHER** **SHARED CUSTODY**

PARISH STATUS: **PARISHIONER** **NON-PARISHIONER - PARISH NAME:** _____

ETHNICITY: **AMERICAN INDIAN/NATIVE ALASKAN** **ASIAN** **BLACK**
 HISPANIC **NATIVE HAWAIIAN/PACIFIC ISLANDER** **WHITE** **MULTI RACIAL**

FOR OFFICE USE ONLY: *Date Received* _____ *Amount Paid* _____ *Initials* _____
 _____ *Birth Certificate* _____ *Baptismal Certificate* _____ *Reconciliation* _____ *Communion*