

APPLICATION FOR ADMISSION 2009/2010

Admissions Office | Saint Raphael Academy | 123 Walcott Street | Pawtucket, RI 02860 | Phone: 401.723.8100 | Fax: 401.723.8740 | www.SaintRays.org

Please print or type all information.

Date: _____ Applying for grade (circle one): 9 10 11 12

Student's name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone number: _____ Cell phone number: _____

Date of birth: _____ Gender (circle one): female male

E-mail address: _____

Student resides with: both parents mother father legal guardian
 parents divorced mother deceased father deceased other

Mother's name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone number: _____ Cell phone number: _____

Occupation: _____ Title: _____

Name of employer: _____

Business address: _____

Business phone number: _____ E-mail address: _____

Father's name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone number: _____ Cell phone number: _____

Occupation: _____ Title: _____

Name of employer: _____

Business address: _____

Business phone number: _____ E-mail address: _____

Report Cards/Correspondence should be mailed to: _____

Student's present school: _____

School address: _____

City: _____ State: _____ Zip: _____

Please list other previous school(s) attended: _____

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Parish/Church Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

National/Ethnic Origin:

(This information is used for state surveys and college scholarship availability; names are never reported.)

Mother:

African-American

American Indian

Asian

Caucasian

French Canadian

German

Hispanic

Irish

Italian

Other

Father:

African-American

American Indian

Asian

Caucasian

French Canadian

German

Hispanic

Irish

Italian

Other

Primary language spoken by the applicant at home: _____

Please list any relatives who are attending or have attended Saint Raphael Academy, their year of graduation, and their relationship to the applicant: _____

How did you learn about Saint Raphael Academy? _____

Student interests (academics, athletics, arts, clubs, etc.): _____

Please provide any additional information (including academic needs), which would assist us in working with the applicant: _____

I will take the Entrance Exam at Saint Raphael Academy:

Yes on Main Test Date (12/5/09 at 8 a.m.) on Makeup Test Date (12/12/09 at 8 a.m. or by appointment)

No

If you answered no, where and when will you be taking the exam? _____

I hereby apply for admission of my son/daughter to Saint Raphael Academy. I have enclosed the non-refundable application fee of \$25. (Please make check payable to Saint Raphael Academy.)

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Please return the completed Application and signed Transcript Release form with \$25 fee to:

Attn: ADMISSIONS OFFICE
SAINT RAPHAEL ACADEMY
123 Walcott Street
Pawtucket, RI 02860

Saint Raphael Academy admits academically qualified students of any race, color, nationality, or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students.

TRANSCRIPT RELEASE STATEMENT 2009/2010

Admissions Office | Saint Raphael Academy | 123 Walcott Street | Pawtucket, RI 02860 | Phone: 401.723.8100 | Fax: 401.723.8740 | www.SaintRays.org

Student's name: _____ Present grade: _____

Present school: _____

School address: _____

City: _____ State: _____ Zip: _____

School phone number: _____ School fax number: _____

I hereby authorize the release of transcripts, including grades, standardized test scores, absence/tardy record, disciplinary record, individualized education plans, 504 plans, and any other pertinent information for the remainder of the current academic year for my son/daughter to Saint Raphael Academy.

Parent/Guardian Signature: _____ Date: _____

