



ENROLLMENT APPLICATION

**ST. LAURENCE
CATHOLIC SCHOOL**

FAMILY SURNAME: _____

DATE: _____ PARISH MEMBER OF: _____ ENTERING GRADE: _____

CHILD'S NAME _____ GENDER: _____

CHILD'S SS#(optional, for parent tax purposes only): _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PLACE OF BIRTH _____ DATE OF BIRTH: _____

SCHOOL LAST ATTENDED: _____

PUBLIC SCHOOL YOUR CHILD WOULD ATTEND: _____

CHILD'S RELIGION: _____

BAPTISM DATE: _____ CHURCH: _____

PENANCE DATE: _____ CHURCH _____

FIRST COMMUNION DATE: _____ CHURCH: _____

CHILD LIVES WITH: BOTH PARENTS MOTHER FATHER RELATIVE
GUARDIAN STEPMOTHER STEPFATHER OTHER

IF DIVORCED, WHO HAS LEGAL CUSTODY? _____

DO YOU HAVE JOINT CUSTODY? Y/N _____ NAME OF PERSON _____

IF NO, CERTIFIED COPY OF CUSTODY AGREEMENT MUST BE ATTACHED TO THIS FORM.

SPECIAL NEEDS

1. HAS THIS CHILD BEEN ATTENDING SPECIAL EDUCATION OR TITLE I CLASSES? Y / N

2. DOES THIS CHILD HAVE SPECIAL NEEDS OR MEDICAL CONCERNS WHICH THE SCHOOL SHOULD BE AWARE?
Y / N IF YES, PLEASE EXPLAIN _____

3. PLEASE DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT RELATE TO THE CHILD'S HOME/SCHOOL SITUATION ON A SEPARATE PIECE OF PAPER. **ATTACH TO THIS FORM.**

WHAT IS THE PRIMARY LANGUAGE SPOKEN AT HOME? English Spanish Other _____

WHAT LANGUAGE DOES YOUR CHILD PRIMARLY SPEAK? English Spanish Other _____

IS YOUR CHILD ABLE TO (PLEASE CHECK ALL THAT APPLY):
_____ SPEAK ENGLISH
_____ UNDERSTAND ENGLISH
_____ READ IN ENGLISH
_____ WRITE IN ENGLISH

Over, please

FATHER'S NAME: _____

ADDRESS: _____ PHONE: _____

PLACE OF BIRTH: _____ RELIGION: _____

OCCUPATION: _____ EMPLOYER: _____

WORK PHONE: _____ EMAIL: _____

MARRIED DIVORCED SEPARATED DECEASED REMARRIED SINGLE

MOTHER'S NAME: _____ MAIDEN NAME: _____

ADDRESS: _____ PHONE: _____

PLACE OF BIRTH: _____ RELIGION: _____

OCCUPATION: _____ EMPLOYER: _____

WORK PHONE: _____ EMAIL: _____

MARRIED DIVORCED SEPARATED DECEASED REMARRIED SINGLE

IF CHILD LIVES WITH GUARDIAN, PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

PLACE OF BIRTH: _____ RELIGION: _____

OCCUPATION: _____ EMPLOYER: _____

WORK PHONE: _____ EMAIL: _____

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

CUSTODIAL PARENT/GUARDIAN SIGNATURE _____

This form is not intended to constitute nor should it be viewed as creating a "contract" between the School and the student/parent. The School reserves the right to revoke its acceptance of this application, deny enrollment and/or dismiss the student in keeping with applicable School and/or Diocesan policies. Neither this form nor any other written document issued by the School (including, but not limited to, the student handbook) should be considered to be a "contract."