



NEW STUDENT APPLICATION PROCESS 2022 – 2023 SCHOOL YEAR

Dear Parent/Guardian,

Welcome to the St. Lawrence family! Thank you for your interest in our school. You are making the BEST CHOICE for YOUR CHILD – a Catholic education at St. Lawrence School, where excellence in academics is nurtured, faithfulness is modeled daily, and global diversity is celebrated as a living United Nations.

If you would like to apply, please:

1. Fill out the application papers **completely**.
2. Attach a money order made payable to **St. Lawrence School** in the amount of \$25.00 (twenty-five dollars) per child. **This application fee is non-refundable** and includes the entrance testing fee. If accepted, this fee will be applied towards your registration fee.
3. The application will only be processed when we receive all the necessary forms. They include the following:
 - Birth certificate
 - Baptismal certificate (if Catholic)
 - Consent to Enrollment (if applicable)
 - The most recent report card
 - The most recent school administered standardized test scores
 - Recommendation from the most recent school/teacher (See attachment)
 - Florida certificate of immunization

When we receive all of the above, as is appropriate for your child's grade level, we will contact you to schedule the entrance test/screening. For Kindergarten and 1st Grade, we will notify you of your specific time slot, as the screening is administered "one on one" with your child. The results of the test and the evaluation of your child's records may be explained to you in a private interview. **Please note that the application for registration does not guarantee acceptance into the school.**

****Students applying for Kindergarten must be 5 years of age on or before September 1.**

****Students applying for First Grade must be 6 years of age on or before September 1 and have completed Kindergarten successfully.**

St. Lawrence School is pleased that you are considering enrollment of your child in our Catholic school. We take great pride in our school, and live by our motto, "Where Catholic faith and learning grow hand in hand." Parents and students are expected to abide by, and to follow, school policies, and to work together in faith development. Also, it is our responsibility to remind all families interested in our school that St. Lawrence School is authorized under Federal law to enroll nonimmigrant alien students (8 C.F.R &214.3(j)).

If your child is accepted, the balance of the **remaining registration fee** will become due within two (2) weeks of notification of acceptance and no later than May 28, 2022 (whichever date comes first). The registration fee is \$425.00.

Our tuition rate includes fees for testing, books, school maintenance and renovation, instructional materials, insurance, eBooks for iPads, and tuition management systems.

Grades K-5:	\$7,665.00 per child
Grade 6 & 7:	\$7,770.00 per child
Grade 8:	\$7955.00 per child (Gr. 8 Graduation fee included)

Tuition payments are made through FACTS, the on-line tuition payment management program.

Please note the registration fee must be paid in the school office via money order.

(This is the only fee which is not to be paid via FACTS tuition management.)

Active supporters of school and parish activities through gifts of time, talent, and treasure, and who participate in the faith life of the parish by regularly attending Sunday Mass and Holy Days of Obligation, may become eligible for a pastor's discretionary tuition reduction.

Need for any financial aid must be demonstrated through verified completion of the FACTS Grant and Aid Application, including all supporting documents. Application for assistance does NOT guarantee receipt of a reduction in tuition.

ST. LAWRENCE SCHOOL accepts the Step Up for Students Scholarship Program, FES (Family Empowerment Scholarship), Gardener Scholarship, and AAA (Academic Achievement Accessible) Scholarship.

ST. LAWRENCE SCHOOL does not accept the McKay Scholarship.

The mission of St. Lawrence School is to provide a well-rounded education to students, grades kindergarten through grade 8, in a caring environment in which Catholic faith and learning grow hand in hand. The school does this in partnership with the home, parish, and community. Each family is expected to:

Sell \$60.00 minimum of candy bars (or \$30 donation minimum required)

Complete 25 service hours (required)

Contribute donations for various activities/fundraisers for both the Parish and School (required)

Again, welcome to our school, which has been called, "*the best kept secret in North Miami Beach.*"

Thank you for considering St. Lawrence School as *the* place where *your child* will reach his or her fullest potential. Together, we create the St. Lawrence Family, a school where Catholic faith and learning grow hand in hand.

Sincerely,

Dian Hyatt
Principal

APPLICATION FOR ENROLLMENT
St. Lawrence School
2200 Northeast 191 Street, North Miami Beach, FL 33180

I certify the information provided is complete, true, and accurate. I further understand that this application for registration does not guarantee acceptance into the school.

It is agreed that my child and family will comply with all the rules and regulations of St. Lawrence Catholic School.

STUDENT NAME: _____ MALE: ___ FEMALE: ___ GRADE: _____

Date of Birth: _____ City/State/Country of Birth: _____

Social Security # (required): _____

Home Address: _____ Apt#: _____ City: _____ Zip Code: _____

HOME PHONE NUMBER: _____

Catholic ___ Non-Catholic ___ If Catholic, Parish Name & Location: _____

FAMILY INFORMATION:

Student Resides With (Please circle one): Both Parents / Mother / Father / Guardian (specify) _____

Marital Status of Parents (Please circle one): Single/ Married / Divorced / Separated / Remarried / Mother or Father Deceased

If not married, who has primary custody? _____

INDICATE PUBLIC SCHOOL child would attend if NOT at St. Lawrence _____

Indicate School Last Attended _____

Reason for Transferring _____

***** IMPORTANT *****

Students applying for Kindergarten must be 5 years of age on or before September 1.

Students applying for First Grade must be 6 years of age on or before September 1 and have successfully completed Kindergarten. ***

PARENT INFORMATION:

Father's Name: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ E-mail Address _____

Name & Address of Employer: _____ Work Phone: _____

Mother's Name: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ E-mail Address _____

Name & Address of Employer: _____ Work Phone: _____

CHILD'S SACRAMENTS: *Church Name* *Address (State/Country)* *Date*

BAPTISM: _____

RECONCILIATION: _____

FIRST COMMUNION: _____

PARENT INFORMATION:

The following information is required for statistical data analysis for the school improvement plan. Please respond to each category completely and accurately.

ETHNIC BACKGROUND Please check one:

Father (If deceased, check here _____)

- _____ Asian
- _____ Black American
- _____ Hispanic
- _____ American Indian
- _____ White American
- _____ Native Hawaiian
- _____ Pacific Islander
- _____ Native Alaskan
- _____ Multi-Racial

Mother (If deceased, check here _____)

- _____ Asian
- _____ Black American
- _____ Hispanic
- _____ American Indian
- _____ White American
- _____ Native Hawaiian
- _____ Pacific Islander
- _____ Native Alaskan
- _____ Multi-Racial

Father's Religion _____

Mother's Religion _____

PARENTS' LANGUAGE FLUENCY Please check one:

Father

- _____ Fluent in English
- _____ Limited Fluency in English
- _____ Other Language Spoken Only
- Language _____

Mother

- _____ Fluent in English
- _____ Limited Fluency in English
- _____ Other Language Spoken Only
- Language _____

PARENT' EDUCATIONAL LEVEL Please check one:

Father

- _____ High School
- _____ Associate's Degree
- _____ Bachelor's Degree
- _____ Master's Degree or higher

Mother

- _____ High School
- _____ Associate's Degree
- _____ Bachelor's Degree
- _____ Master's Degree or higher

PARENT'S OCCUPATION:

Father's Occupation

- _____ Accounting, Financial, Banking, Bookkeeper
- _____ Administration Management, Human Resources
- _____ Advertising, Art Graphics, Entertainments, Photography
- _____ Attorney, Paralegal
- _____ Auto Sales, Transportation Industries
- _____ Beauty Industry
- _____ Clerical
- _____ Construction, Builders, General Contractor, Engineers
- _____ Gardening, Janitor, Landscaping
- _____ Health Field/Medical
- _____ Homemaker
- _____ Hospitality
- _____ Insurance, Computers
- _____ Law Enforcement
- _____ Mail/Package Delivery Services
- _____ Real Estate, Architecture, Drafting, Interior Design
- _____ Retail Sales, Tailor
- _____ Self-employed, Owners
- _____ Teacher/Educator
- _____ Other (Please specify) _____

Mother's Occupation

- _____ Accounting, Financial, Banking, Bookkeeper
- _____ Administration, Management, Human Resources
- _____ Advertising, Art Graphics, Entertainment, Photography
- _____ Attorney, Paralegal
- _____ Auto Sales, Transportation Industry
- _____ Beauty Industry
- _____ Clerical
- _____ Construction, Builders, General Contractor, Engineers
- _____ Gardening, Janitor, Landscaping
- _____ Heath Field/Medical
- _____ Homemaker
- _____ Hospitality
- _____ Insurance, Computers
- _____ Law Enforcement
- _____ Mail/Package Delivery Services
- _____ Real Estate, Architecture, Drafting, Interior Design
- _____ Retail Sales, Seamstress
- _____ Self-employed, Owners
- _____ Teacher/Educator
- _____ Other (Please specify) _____

Dear Parents,

Please read the following statements. Your *initials* at the end of each statement will indicate that you support St. Lawrence Catholic School in its endeavors to encourage and to guide your child in applying Catholic teachings and doctrines to his/her life.

Support the school and its policies concerning spiritual, moral, dress, disciplinary standards, and all other matters as outlined in the Parent/Student Handbook. _____

*Agree **not** to send your child to school if he/she is ill to prevent illness from spreading to others.* _____

Supervise homework and keep in regular contact with your child's teachers by phone, note, e-mail, on-line grade site, or SCHEDULED appointments before/after school. _____

Support to the best of your ability, the various activities of the school. _____

Support to the best of your ability, the fundraising efforts of the school. _____

List your occupation. Do you have any particular talents, interests, or skills you have and would be willing to share with the school?

_____/_____/_____ / _____ / _____
Occupation Company/Business Name Talents

State why you want your child to attend a Catholic school.

- **Do you agree to have your name, address, and phone number published in an all-school directory? (Name and address only. Released to parents upon request for mailing of party invitations via USPS)**
 Yes No
- **Do you agree to have your child's photo appear in school publications, on the SLS website, and in media?**
 Yes No

Each family is required to assist the school through volunteer service hours. A minimum of 25 hours per year is required. Parental fundraising support is expected from all families.

The following are areas for service. Please circle your preferences.

<i>Field Trips</i>	<i>Academic Olympics Preparation</i>	<i>Public Relations</i>	<i>Library Assistance</i>
<i>Candy Sale</i>	<i>Community Events</i>	<i>Computer Assistance</i>	<i>After School Sports</i>
<i>Art Projects</i>	<i>Carnival Planning</i>	<i>Building Improvement</i>	<i>Field Day</i>
<i>Fundraising Planning</i>	<i>Telephone Committee</i>	<i>Santa's Workshop</i>	<i>PTO Executive Comm.</i>
<i>Bake Sales</i>	<i>Academic Fairs</i>	<i>Honors Treats</i>	<i>Heritage Celebrations</i>
<i>Parking Lot Monitors</i>	<i>School Advisory Council</i>	<i>Seeking Corporate Sponsorships/Adopt-a-Class Program</i>	
<i>Landscape/Grounds Improvement</i>			

PARENT/GUARDIAN SIGNATURE OF ACCEPTANCE AND AGREEMENT: _____

DATE: _____

EMERGENCY CONTACT INFORMATION

STUDENT'S NAME: _____ GRADE: _____

Home Phone: _____ Mom's Cell: _____ Dad's Cell: _____

Number of Siblings at St. Lawrence: _____ Grade(s): _____

Father's Business Phone: _____ Work E-mail _____

Mother's Business Phone: _____ Work E-mail _____

If Parents CANNOT be reached, contact: (AT LEAST ONE PERSON MUST BE LISTED)

Name	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any special needs, allergies, illnesses or physical conditions of which the school should be aware concerning your child. Detail what procedures should be followed.

Has your child had the following? (Y/N) (Answer each listing)

- ___ Allergies Please list: _____
- ___ Vision Difficulties
- ___ Previous recommendation for educational testing / Placement in ESE
(If yes, please attach documentation for Principal's review) ___yes ___no / IEP ___yes ___no
- ___ 504 (If yes, please attach documentation for Principal's review) ___yes ___no
- ___ Diagnosed Learning Disability (Explain) _____
- ___ Chicken Pox ___ Meningitis ___ Whooping Cough ___ Convulsions ___ Flu
- ___ Asthma ___ Mumps ___ Speech Problems ___ Hearing Problems
- ___ Operations (Explain) _____
- ___ Hospitalizations (Explain) _____
- ___ Other (Explain) _____

Is your child required to take any medication during the school day? _____

If so, authorization forms signed by you and your child's doctor are required.

Please pick up form MIS - 12702 REV. (08 - 85) from our office or your doctor.

Parent/Guardian Signature: _____

Child's Name: _____ Grade: _____

Please list those persons who ARE authorized to pick up your child from school.

Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____

Please list any persons who ARE NOT authorized to pick up your child from school.

How will your child go home at dismissal time?

Please note: Numbers 2 – 6 must have written permission from parent or guardian. Please attach documentation for exemption to school policy for review.

1. Being picked up by car line by parent or authorized person
2. Walking
3. Public Bus
4. Riding her/his bike
5. Private bus/van service*
6. Other (please specify) _____

Please write the number of your choice here _____

Parent/Guardian Signature: _____

PLEASE NOTE: Any changes to the above must be submitted in writing to the school office.

*Parents are required to advise persons authorized for pickup / drop off that they must follow school policies as to parking and dismissal procedures.

**St. Lawrence School
2022-2023 Registration
Business Office Information**

Student's Name: _____ Grade (2022-2023): _____

Home Address: _____ Home Phone: _____

Person responsible for bills: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Please check one: Non-parishioner St. Lawrence parishioner, as defined in the Parent-Student Handbook

I understand that my application fee is fully NON-REFUNDABLE once submitted with this application.

Please select tuition payment plan:

- PLAN A** Annually, Paid by August 31, 2022
Semi-Annually, paid on August 31 and January 18
- PLAN B** 10 Month Plan

For Both Plans A and B

Registration fee per child: \$425.00 due by August 1, 2022 (Mandatory). Paid through FACTS Tuition Management.

- I agree to authorize ACH (automatic withdrawal) payments online through FACTS Tuition Management for tuition, registration related expenses, and incidental accounts which will keep my account current.
- I understand that if I should fall two months behind in payment of any school accounts, academic records will be held or I may be asked to withdraw my child(ren) from St. Lawrence School.
- I agree to supervise homework and keep in regular contact with my child's teachers by phone, note, e-mail, on-line grade site, or SCHEDULED appointments before/after school.
- I and my children agree to abide by the rules and regulations of the Parent/Student Handbook.

Parent Signature _____ Date _____

For Office Use Only

ACCEPTED: YES NO Authorized By: _____

Notified by: _____ Date: _____

Birth Certificate received	_____	Date: _____
Baptism Certificate received	_____	Date: _____
Consent to Enrollment (if applicable)	_____	Date: _____
Most recent report card	_____	Date: _____
Most recent standardized test results	_____	Date: _____
Letter of recommendation received	_____	Date: _____
Health and immunization forms received	_____	Date: _____
Registration Fee received (Cash/Check)	_____	Date: _____
Scholarship Award Letter	_____	Date: _____