

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

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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: \_\_\_\_\_

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 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.

Student's Name \_\_\_\_\_  
(Name requested for tracking return only.)

Grade \_\_\_\_\_

**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 in order 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:*

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\*
- 1. 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  
2021-2022 Registration  
Business Office Information**

Student's Name: \_\_\_\_\_ Grade (2021-2022): \_\_\_\_\_

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, 2021  
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 May 28, 2021. ***Please note that the registration fee must be paid in the school office. (This is the only fee which is not to be paid via FACTS).***

- I agree to authorize ACH (automatic withdrawal) payments online through FACTS Tuition Management for tuition and tuition-related expenses and 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 \_\_\_\_\_

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For Office Use Only

**ACCEPTED:**  **YES**  **NO**      **Authorized By:** \_\_\_\_\_

Notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Certificate received \_\_\_\_\_ Date: \_\_\_\_\_

Baptism Certificate received \_\_\_\_\_ Date: \_\_\_\_\_

Consent to Enrollment signed (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Most recent report card from previous school provided \_\_\_\_\_ Date: \_\_\_\_\_

Most recent standardized test results provided \_\_\_\_\_ Date: \_\_\_\_\_

Letter of recommendation received \_\_\_\_\_ Date: \_\_\_\_\_

Health and immunization forms received \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee received (Cash/Check) \_\_\_\_\_ Date: \_\_\_\_\_



2200 NE 191 Street North Miami Beach, FL 33180 Phone: 305-932-4912 Fax: 305-932-7898

**AUTHORIZATION**

Please mail or fax directly to St. Lawrence School

Student's Name: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

I authorize the release of information requested on this recommendation form.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

.....  
**CONFIDENTIAL RECOMMENDATION FORM**

**TO TEACHER OR PRINCIPAL:** The above named student has applied for admission to St. Lawrence School. We would appreciate your observations on the form below by checking the appropriate areas. **If you would prefer to discuss this student personally rather than complete this form, please check here \_\_\_\_\_, sign the form, and note your telephone number including the best time to call.**

School: \_\_\_\_\_ Phone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_

1. Is the candidate in good standing and eligible to re-enter your school? Yes \_\_\_ No \_\_\_
2. Has major disciplinary action ever been necessary for this student? Yes \_\_\_ No \_\_\_
3. Has the candidate been recommended or diagnosed for any special needs program or other individualized plan? (If yes, explain on back)  
Yes \_\_\_ No \_\_\_
4. Has the candidate been involved with tobacco, alcohol, or drugs? Yes \_\_\_ No \_\_\_
5. Has the candidate ever been suspended or expelled from your school? Yes \_\_\_ No \_\_\_
6. Has the candidate any physical, social or emotional limitations? Yes \_\_\_ No \_\_\_
7. Do the parents promptly meet their financial obligations? (If applicable) Yes \_\_\_ No \_\_\_
8. Do the parents support the school policies including disciplinary actions? Yes \_\_\_ No \_\_\_

Further explanation (if necessary use back of form): \_\_\_\_\_

**LEADERSHIP**

**COOPERATION**

**RESPONSIBILITY**

- |                               |                               |                                  |
|-------------------------------|-------------------------------|----------------------------------|
| ___ Positive Influence        | ___ Usually Cooperative       | ___ Responsible most of the time |
| ___ Usually a follower        | ___ Sometimes Cooperative     | ___ Sometimes Responsible        |
| ___ Needs further development | ___ Needs further development | ___ Needs further development    |

**Emotional Stability**

**Relation of Achievement to Ability**

- |                                  |                               |
|----------------------------------|-------------------------------|
| ___ Well-balanced/Mature         | ___ Overachiever              |
| ___ Maturity consistent with age | ___ Average achiever          |
| ___ Not consistent with age      | ___ Needs further development |

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your time in completing this recommendation form. We appreciate your prompt return of this form.