

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 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 _____ Was it a VPK program? yes ___ no ___

Reason for Transferring _____

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

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 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
2020-2021 Registration
Business Office Information**

Student's Name: _____ Grade (2020-2021): _____

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, 2020
 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 29, 2020. ***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 _____

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: _____



CONFIDENTIAL LETTER OF RECOMMENDATION: For Kindergarten Applicants

Student's Name: _____

Name and Address of Pre-school _____

I give permission to _____
 (School Name and Address)

for the release of school information concerning my child to St. Lawrence Catholic School.

 Parent Signature

 Date

 Name of person completing this form: _____ Position/Title: _____

Is there anything you prefer to discuss by phone? ___Yes ___No Phone # _____ Best time to call: _____

Please circle the appropriate response.

Academic ability	Above Level	On Level	Below Level
Conduct and self-discipline	Positive Influence	Normally On-Task	Other
Motivation	Above Level	On Level	Below Level
Cooperation	Usually cooperative	Sometimes cooperative	Other
Group interaction/participation	Positive Influence	Normally On-Task	Other
Responsibility as a student	Independent	Average	Needs frequent reminders
Attendance/Prompt Arrival Daily	Outstanding	Excellent	Good Fair Poor

1. Does the student have any exceptional abilities or needs not covered above? Yes _____ No _____
 If yes, please explain _____

2. Has the student ever been recommended for a special needs program? Yes _____ No _____
 If yes, please explain _____

3. Is the student eligible for promotion to the next grade level? Yes _____ No _____
 If no, please explain _____

4. Are parents cooperative and supportive of the school policies?
 Disciplinary Actions? Yes _____ No _____ Financial obligations met promptly? Yes _____ No _____

5. How long has this student been in your school? _____ years _____ months