

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: _____

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 _____

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.