



For Office Use Only		
Date received	_____	
Fee Paid	_____	
Check #	Cash	_____
Credit Card	_____	
A	WL	NA

**St. Lawrence School**

231 Main Street, West Haven, Connecticut, 06516

*Celebrating 99 Years of Educational Excellence*

Web site: [www.stlaweduk12.net/](http://www.stlaweduk12.net/) Phone: 203-933-2518 Fax: 203 933 2058

General Information: A non-refundable application fee must accompany the application. The amount for K-8 is \$35.00. Checks should be made payable to Saint Lawrence School. **A copy of the student's Birth Certificate, Social Security Number, Baptismal (if it applies) and the student's most recent report card must accompany this application.** In order for the application to be processed in a timely manner all necessary paperwork must be filled out completely. (Please print clearly.)

Pupil's Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Entering Grade \_\_\_\_ M \_\_\_\_ F \_\_\_\_  
 (First) (Middle) (Last)

Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ / \_\_\_\_\_  
 (City) (State)

Is Student a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Language spoken in the home \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_  
 (Relationship)

Child's Social Security # \_\_\_\_\_ Family e-mail address \_\_\_\_\_

**MOTHER'S Information**

**FATHER'S Information**

Name \_\_\_\_\_  
 (first) (maiden) (last)

Name \_\_\_\_\_  
 (first) (last)

Address \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_

Home phone # \_\_\_\_\_

Place of work \_\_\_\_\_

Place of work \_\_\_\_\_

Work phone # \_\_\_\_\_

Work phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

e-mail \_\_\_\_\_

e-mail \_\_\_\_\_

Saint Lawrence Graduate Yes/Year \_\_\_\_\_ No \_\_\_\_\_

Saint Lawrence Graduate Yes/Year \_\_\_\_\_ No \_\_\_\_\_

**Other children in the family:**

Name	Age	Grade	School attending

**Relatives who have attended or are attending this school:**

Name	List years attended

**Religious Information:**

Child's Religion \_\_\_\_\_ If Catholic please list parish(es) or church your family is registered with including the envelope number: Parish \_\_\_\_\_ Parish Envelope Number # \_\_\_\_\_

If not Catholic, please note denomination: \_\_\_\_\_

**Sacraments**

Baptismal Date		Name of Church		Town, State	
First Communion Date		Name of Church		Town, State	
First Reconciliation		Name of Church		Town, State	

**Schools previously attended. List current schools first:**

Grade level	Name of School	City, State	Reasons for Withdrawal

**\*These questions must be answered carefully and completely. Failure to do so will result in an incomplete application.**

1. Why do you wish your child to attend Saint Lawrence School? \_\_\_\_\_

\_\_\_\_\_

2. Does your child have any physical handicap or problem that might affect his/her schooling? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

3. Does your child receive any special educational services in his/her current school? If yes, please indicate.

\_\_\_\_\_

\_\_\_\_\_

4. Has your child repeated a grade? Please check: Yes \_\_\_\_\_ No \_\_\_\_\_ Grade repeated \_\_\_\_\_ Why

\_\_\_\_\_

5. Has your child ever been expelled or refused admission or readmission from any school?

\_\_\_\_\_

6. Is there any additional information that would be helpful to the principal, teachers, school nurse etc... in meeting with the academic, social, emotional or physical needs of your child?

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7. Per policy of the Archdiocese of Hartford, acceptance of any families is contingent upon their being current in their financial obligations to other Catholic Schools. Principals will call each other to verify that all accounts are current.

8. Please let us know how you heard about St. Lawrence: Please check all that apply:

- Open House     Newspaper     Web Site     Alumni     Current Students  
 CCD Program     Billboard     Walk-in     Advertisement     Outdoor Sign

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**Transportation Information:**

Bus Address: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ No Bus Needed \_\_\_\_\_

After-School Program needed \_\_\_\_\_ Application request \_\_\_\_\_

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*I hereby give Saint Lawrence School the right to contact any previously attended school in regards to the recent enrollment of my child. I hereby authorize said school to supply any and all information requested. I release all persons, companies and corporations supplying and releasing such information to Saint Lawrence School, the Archdiocese of Hartford, and anyone acting on its/their behalf from and against any and all liability which might result from furnishing or receiving such information. I hereby certify that the information submitted in the application process, including this application is true. I understand that it is determined that any information I have provided is false, the admission of my child may be revoked, or if my child is already in attendance, he or she may be subject to immediate expulsion.*

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***Saint Lawrence School is a Catholic School that accepts student from different religious, racial, and ethnic backgrounds.***



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