## Saint Lawrence School

231 Main Street, West Haven, CT 06516
"Shaping the Leaders of Tomorrow"
Saintlawrenceschool.com
(ph) 203-933-2518 (fax) 203-933-2058

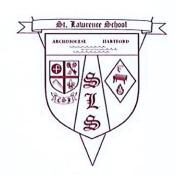
(Middle)

Pupil's Name\_

Address

(First)

(Street)



Entering Pre-K: M

(State)

(Zip)

General Information: A <u>non-refundable</u> application fee must accompany the application. The amount for <u>Pre-K</u> is \$50.00. Checks should be made payable to Saint Lawrence School. A copy of the student's Birth Certificate, Baptismal Certificate (if applicable), and an up-to-date Physical and Immunization form 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.)

(Last)

(City)

Date of Birth	Place of Birth_	(City)	/
Is Student a U.S. Citizen? Yes	No		in the home
Child lives with: Both Parents Mother	Father		elationship)
MOTHER'S Information		FA	THER'S Information
Name(first) (maiden) (last) Address			(last)
Home phone #		Home phone #	
Place of work		Place of work	
Work phone #		Work phone #	
Cell phone #		Cell phone #	
Religion		Religion	
e-mail		e-mail	

Other children in the family	<b>/:</b>		
Name	Age	Grade	School attending
Relatives who have attended	d or are attendin	g this school:	
Name		List years	attended
<b>Religious Information:</b>			
Religious Information: (	hild is: Car	tholic Non-Cat	tholic
Achgious information.	mid is Car	inone Tron Car	
If Catholic please list parish(e	s) or church your	family is registered v	with
including the envelope number	er Parish	Pa	rish Envelope Number #
morading the envelope name.	7. I dilon	1 u	inish Enverope Prantoet n
Sacraments			
Baptismal Date	N	Tame of Church	Town, State
Hispanic/Latino	American Indi		thnicity and not a racist group).  ve Black/African American  nder Asian
These questions must be an application.	swered carefully	and completely. Fa	ilure to do so will result in anincomplete
1. Why do you wish your ch	ild to attend Saint I a	wrence School?	
1. Wily do you wish your ch	nd to attend Saint Lav	wichee School:	
2. Does your child have any	physical handicap or	problem that might affect	t his/her schooling? If yes, please explain.
			, teachers, school nurse etc in meeting with the
4. Per policy of the Archdioc obligations to other Catholic S			contingent upon their being current in their financial y that all accounts are current.
CCD ProgramBill	wspaperWeb lboardWalk	SiteAlumni -inAdvertiseme	Current Students

	****************
indergarten Choices	
dren must reach their 3 <sup>rd</sup> or 4 <sup>th</sup> birthd <mark>3-year-old</mark>	lay no later than September 1st of the current year.
3 days: 7:30 am – 11 am	3 full days 7:50 am – 2:00 pm
5 days: 7:30 am – 11 am	5 full days 7:50 am – 2:00 pm
_4-year-old	
3 full days 7:50 am – 2:00 pm	5 full days 7:50 am – 2:00 pm
ent of my child. I hereby authorize said ons, companies and corporations supply hdiocese of Hartford, and anyone acting esult from furnishing or receiving such is lication process, including this application.	o contact any previously attended school in regards to to school to supply any and all information requested. It is school to supply any and all information to Saint Lawrence is on its/their behalf from and against any and all liability information. I hereby certify that the information submits on is true. I understand that it is determined that any ion of my child may be revoked, or if my child is already
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