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



General Information: A <u>non-refundable</u> application fee must accompany the application. The amount for K-8 is \$45.00. 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)		/	/						
(Street)	(Street)		(State)	(Ziţ))				
Home #	Child's Social Security#								
D · CD' d		DI CDI		,					
Date of Birth		Place of Birt	h(City)	// (Stat					
Is Student a U.S. Citizen? Yes	No Language spoken in the home								
Child lives with Doth Downto	Madhan	Fother	Other						
Child lives with: Both Parents	_Motner	Fatner	CtnerOther(Relationship						
FATHER'S Information			MOTHER'S Information						
,					'				
Name: (last)	<u> </u>		Name: (first)	(last)					
Religion:			Walden Name.						
Cell Phone:			Religion:						
Occupation:	Cell Phone:								
Employer:			Occupation:						
Work Phone:	EXT		Employer:						
Email:		Work Phone: E							
			Email:						

Name	n in the fan		1	Crada	Cabaalattandina	
		Age		Grade	School attending	
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<u>Kelatives who</u> Name	have atten	ded or are atter	nding this		s attended	
Name				List year	s attenueu	
Religious Info	rmation:	Child is:	Cathe	olic	Non-Cat	tholic
				•		
Catholic pleas	se list parish	n(es) or church yo	our family	is registered v	vith	
including the e	nvelope nu	mber: Parish		Pari	sh Envelope Number#_	
_	_				-	
ii not Cathoric	, picase nou	c denomination.				
Sacraments						
Baptismal Date				of Church	Town, State	
First Communion Date			of Church	Town, State		
First Reconciliation		Name of	of Church	Town, State		
Cohoola mar-	ougly offers	dad List surre	t sobools	finat.		
SCHOOLS DIEVI	Name of S	ded. List curren School	City. S		Reasons for	r Withdrawal
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3. Does your ch	ald receive any special education	al services in	his/her curre	ent school? If yes, please	indicate.
4. Has your chil	d repeated a grade? Please check	c: Yes	No	Grade repeated	Why
5. Has your child	l ever been expelled or refused ac	dmission or re	eadmission f	rom any school?	
	tional information that would be tional or physical needs of your o		principal, te	eachers, school nurse etc	in meeting with the

•	o other Catholic Schools. Princip		•	Č I	<u> </u>
	w you heard about St. Lawren				Students
CCD Progra	NewspaperWeb mBillboardWal	k-in	_Advertiseme	ent Outdoor	
******	*********	*******	*****	*******	******
Transportation I	nformation:				
Bus Address:	A.M	P.M.	N	o Bus Needed	_
After-School Pr	ogram needed		Applio	cation request	_
******	*********	******	*****	******	******
enrollment of my ch companies and corp Hartford, and anyon or receiving such in application is true. I	Lawrence School the right to coild. I hereby authorize said schorations supplying and releass acting on its/their behalf fromation. I hereby certify that understand that it is determined, or if my child is already in	hool to supp sing such inf om and agai ut the inform ned that any	ly any and of cormation to nst any and attion submonition information.	all information reques Saint Lawrence Scho I all liability which mig itted in the application I have provided is fa	ted. I release all persons, ol, the Archdiocese of ght result from furnishing process, including this else, the admission of my
Parent or Guardian	Signature:			Date	
Parent or Guardian	Signature			Date	
	rence School is	a Cath	olic S		
	lifferent religiou				-
	For Office Use Only			For Office Use	Only
Birth Certi	ficate:		Registratio	n Fee Paid	Date
Social Secu	ırity:			Check #	Cash
	ertificate:			dit CardMoney O	
			Seat Depo	osit Paid	
School Rec	cords:			Check #C	
			Cre	edit CardMoney O	raer