



ST. LAWRENCE SCHOOL 2016-2017 REGISTRATION FORM



Name of Child/Children			Entering Grade	Birth Date	Baptized Catholic	Ethnicity*
First	Middle	Last				

*Student's Ethnicity: American Indian, Black, Asian or Pacific Islander, Hispanic, White, Multiracial

Father or Guardian's Name	Street Address	City, State, Zip Code
Home Phone # (include area code)	Cell Phone # (include area code)	E-mail address
Name of Employer	Occupation	Business Phone # (include area code)

Mother or Guardian's Name	Street Address	City, State, Zip Code
Home Phone # (include area code)	Cell Phone # (include area code)	E-mail address
Name of Employer	Occupation	Business Phone # (include area code)

Are you registered members of St. Lawrence Parish? Yes No
 Are you registered members of another Catholic Church? Yes No If Yes, what parish: _____
 Is your business interested in providing services to St. Lawrence? Yes No If Yes, indicate specialty: _____
 Are you a returning family to St. Lawrence School? Yes No. If No, how did you learn about St. Lawrence School?
 Referral - If so, who: _____
 Organization - If so, which organization: _____
 Other - Please describe: _____

Parents' Marital Status: Married Single Divorced Separated Widow/Widower
 Student(s) live with: Father Mother Both Other (Please Specify) _____

I have reviewed the tuition policy for St. Lawrence School. I fully understand that failure to pay on a timely basis will result in a conference with the school principal to devise a payment plan. I also understand that the \$150 registration fee is deducted from the total tuition bill and is non-refundable after May 2, 2016.

Signature of Parent/Legal Guardian _____
Date

OFFICE USE ONLY

Registration Due: \$150			
Registration Paid: _____	_____	_____	_____
	Amount	Date	Cash Check #
Total Tuition Due: _____			Total Book Fees Due: _____
Less Registration Fee: _____			Date Paid: _____ Check #: _____
Balance Due: _____			Balance Due: _____