



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:	_____
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Less Registration Fee:	_____	Date Paid:	_____	Check #:	_____
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Balance Due:	_____	Balance Due:	_____
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