

# St. Lawrence Elementary and Middle Schools

1977 St. Lawrence Dr.  
Santa Clara, CA 95051  
408-296-2260

<b>2010-2011</b>	<b>K-8th</b>
Date Rec'd _____	ID# _____
Application Fee Cash _____	Check # _____
Registration Fee Cash _____	Check # _____

*St. Lawrence Elementary and Middle Schools do not unlawfully discriminate on the basis of race, color, religion, national or ethnic origin, age, sex, or disability in the administration of educational policies, scholarship, and loan programs, and other school-administered programs.*

Instructions: Complete all sections. **Indicate a "N.A." if something does not apply.** Please fill out one application per child. Each application must be accompanied by a **\$50** non-refundable fee in form of cash or a check made payable to St. Lawrence Elementary and Middle Schools.

Today's Date: \_\_\_\_\_ Child's Current Age: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Number and Street Name City Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Place of Birth \_\_\_\_\_

Child's Citizenship:  U.S., Native Born  U.S., Naturalized  Other: \_\_\_\_\_

Child's Ethnic Background:  Caucasian  Filipino  Chinese  American Indian  
 Hispanic  Vietnamese  Japanese  All Other Non-White  
 African-American  Korean  Pacific Islands

Child's Religion: \_\_\_\_\_

Child's Record of Sacraments:

	Baptism	First Communion
Date	_____	_____
Church	_____	_____
City & State	_____	_____

If either sacrament has been celebrated at a parish other than St. Lawrence, original certificates must be presented at registration.

Church attending: \_\_\_\_\_ Parish of Residence \_\_\_\_\_

Previous Schools Attended

Name of School	Address	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child been retained?  Yes  No If yes, what grade? \_\_\_\_\_

Has your child ever been identified or tested for special needs:  Yes  No  
 Speech  Hearing  Learning  Other: \_\_\_\_\_

Does your child have any special medical needs?  Yes  No If yes please explain \_\_\_\_\_  
\_\_\_\_\_

Language spoken at home:  English  Other: \_\_\_\_\_

Child is living with:  Both parents  Mother  Foster Parent  Father  Guardian  Other: \_\_\_\_\_

**Father's Parental Status:**  Married  Separated  Divorced  Remarried  Deceased  Single

Father's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street Name City Zip

Home E-mail: \_\_\_\_\_ Religion: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Work Email: \_\_\_\_\_

**Mother's Parental Status:**  Married  Separated  Divorced  Remarried  Deceased  Single

Mother's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street Name City Zip

Home E-mail: \_\_\_\_\_ Religion: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Work Email: \_\_\_\_\_

Sibling's name(s)	Age	School currently attending	Grade	Applying to St. Lawrence?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Why do you wish to apply for admission to St. Lawrence Elementary and Middle Schools? \_\_\_\_\_

How did you hear about St. Lawrence Elementary and Middle Schools? Please circle all that apply

Sibling      Parishioner      Friend      Flyer      Ad      School Sign      Web Site

I understand my child must be 5 years of age by December 1, 2010 to be admitted to Kindergarten. An original birth certificate must be presented for verification. The information stated above is true and correct to the best of my knowledge.

Date

Parent Signature