

St. Lawrence Elementary and Middle Schools

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

2010-2011

Pre-K

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 **\$35** 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 _____

Please indicate session preferred:

____ M-F (5 days) _____ Other: _____
____ (4 days) Please state
____ MWF (3 days)
____ T, TH (2 days)

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 _____

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: _____

