

SAINT LAWRENCE CATHOLIC SCHOOL REGISTRATION FORM - ARCHDIOCESE OF INDIANAPOLIS

DATE REGISTERED _____ REGISTRATION FEE PAID _____ BIRTHDATE VERIFIED _____ *PLEASE CHECK APPROPRIATE BOX*

__ Kids Care	__ Preschool 3's AM <small>Must be 3 by September 1 Tuesday/Thursday 8:00-11:00</small>	__ Preschool 4's AM <small>Must be 4 by Sept 1 Mon./Wed./Fri. 8:00-11:00</small>	__ Pre-K for 4 & 5 yrs <small>Must be 4 by Sept 1 <u>EVERYDAY Mon-Fri. 11:45-2:45</u></small>	__ Kn Halfday <small>Must be 5 by Sept 1</small>	__ Kn Allday <small>Must be 5 by Sept 1</small>	Grade 1-8 <small>_____ grade</small>
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STUDENT'S LAST NAME FIRST MIDDLE NICKNAME SEX BIRTHDATE BIRTHPLACE

ADDRESS CITY/ZIP HOME PHONE ETHNICITY

Student lives with: MOTHER / FATHER GUARDIAN _____	EMAIL ADDRESS _____	CELL PHONE _____
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FATHER'S NAME RELIGION MARITAL STATUS EMPLOYER WORK PHONE

MOTHER'S NAME RELIGION MARITAL STATUS EMPLOYER WORK PHONE

PARISH WHERE FAMILY IS REGISTERED BAPTISM DATE CHURCH CITY/STATE/ZIP

What is the native language of the student? _____ What is the language spoken most often by the parents? _____

What language or languages are spoken by the student in the home? _____

(For 1-8 Students) NAME OF LAST SCHOOL ATTENDED ADDRESS CITY, STATE, ZIP

Comments concerning child's health, learning problems, needs, or social adjustments: _____

Does your student have an I.E.P? _____ Has your child had a psychological evaluation for a disability _____

PARENT/GUARDIAN SIGNATURE DATE