

**SAINT LAWRENCE SCHOOL CATHOLIC SCHOOL – 6950 E. 46th Street – Indianapolis, IN 46226
REGISTRATION FORM PK-8 - ARCHDIOCESE OF INDIANAPOLIS**

DATE REGISTERED _____

REGISTRATION FEE PAID _____

PLEASE CHECK APPROPRIATE BOX

<input type="checkbox"/> KidsCare	<input type="checkbox"/> Preschool 3's Must be 3 by Sept. 1, 2006 Tuesday/Thursday 8:00-11:00	<input type="checkbox"/> Preschool 4's Must be 4 by Sept. 1, 2006 Mon./Wed./Fri. 8:00-11:00	<input type="checkbox"/> Half Day KN Must be 5 by Sept. 1, 2006 Monday-Friday 7:45-11:00	<input type="checkbox"/> KN – 8 _____ 7:45-2:40 M-F Please list grade
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STUDENT'S LAST NAME FIRST MIDDLE NICKNAME SEX BIRTHDATE BIRTHPLACE

ADDRESS CITY/ZIP HOME PHONE CELL PHONE

Student lives with: MOTHER / FATHER GUARDIAN _____

BIRTHDATE VERIFICATION EMAIL ADDRESS

FATHER'S NAME RELIGION MARITAL STATUS EMPLOYER WORK PHONE

MOTHER'S NAME MAIDEN 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 SCHOOL LAST ATTENDED ADDRESS CITY/STATE/ZIP

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

PARENT/GUARDIAN SIGNATURE

DATE