



St. Laurence Catholic School
Application for Admission, Pre-K
2008-2009



STUDENT'S LEGAL NAME: _____
 (Please print) (First) (Middle) (Last) (Preferred Name)

Male ___ Female ___ Date of Birth: _____ Social Security Number: _____

Home Address: _____
 (Street) (City) (State) (Zip)

Home Telephone: _____ Religion: _____ Is Child a U.S. Citizen? _____

Age: ___ Public School District: _____ Public School Zoned To: _____ Subdivision: _____

FULL NAME OF FATHER (include title: Mr., Dr., etc.):

 (Title) (First) (Middle) (Last) (Preferred Name)

Home Address: _____
 (Street) (City) (State) (Zip)

Home Telephone: _____ Business Telephone: _____ Cellular Telephone: _____

Father's Employer: _____ Occupation: _____ Email: _____

Business Address: _____
 (Street) (City) (State) (Zip)

FULL NAME OF MOTHER (include title: Ms., Mrs., Dr., etc.)

 (Title) (First) (Middle) (Last) (Preferred Name)

Home Address: _____
 (Street) (City) (State) (Zip)

Home Telephone: _____ Business Telephone: _____ Cellular Telephone: _____

Mother's Employer: _____ Occupation: _____ Email: _____

Business Address: _____
 (Street) (City) (State) (Zip)

Child lives with: ___ **Father and Mother** ___ **Father** ___ **Mother** ___ **Other**

STEP-PARENT/GUARDIAN FULL NAME (include title: Mr., Mrs., Dr., etc.)

 (Title) (First) (Middle) (Last) (Preferred Name)

Home Address: _____
 (Street) (City) (State) (Zip)

Home Telephone: _____ Business Telephone: _____ Cellular Telephone: _____

Employer: _____ Occupation: _____ Email: _____

Business Address: _____
 (Street) (City) (State) (Zip)

CLASS PREFERENCE

Please indicate your first and second choices as follows. Preferences are given consideration but can not be guaranteed. All placements are at the discretion of the school based on the number of applications and available spaces in any given class.

____ AM CLASS ____ ALL DAY

GRANDPARENT INFORMATION

Maternal Grandparents' Names (include titles): _____

Address: _____ City: _____ State: _____ Zip: _____

Paternal Grandparents' Names (include titles): _____

Address: _____ City: _____ State: _____ Zip: _____

SCHOOL DIRECTORY listings include name, address, and phone number of school families. School directories are published and distributed to all school families at the beginning of the school year. Please indicate what you would like to be included in the directory.

NAME:	YES	NO
ADDRESS:	YES	NO
PHONE NUMBER:	YES	NO

PERSONAL DATA

This release gives permission for St. Laurence Catholic School to obtain confidential information that may affect your child's educational progress, including diagnostic evaluations, medications, or specific family situations. Failure to disclose such pertinent data at any time during the school year may result in subsequent dismissal.

_____ Yes, I give permission to release this information to St. Laurence Catholic School.

_____ No, I do not give permission to release this information to St. Laurence Catholic School.

Has your child had educational or diagnostic testing (yes or no)? _____ If yes, please explain: _____

MEDICAL HISTORY

Please describe any illness, allergies, diseases, psychological issues, or physical disabilities which have affected or may affect your child's health, schoolwork, or participation in the school's athletic program.

Is your child currently on medication? _____ If yes, please explain _____

Please remember to submit your child's immunization records.

RELIGION

Religion of Mother: _____ Religion of Father: _____

Religion of Children: _____ If Catholic, registered parish: _____

ST. LAURENCE PARISHONERS ONLY

Stewardship flows from the class of God to be a disciple of Jesus. Parents of children in the school who are parishioners or St. Laurence Parish are expected to exercise stewardship to both the school and the parish. Stewardship can be in the form of financial contributions, and/or contributions of time, talent, and services. You are asked to examine your situation and find the level of support that your family can provide. Please acknowledge your understanding that stewardship will be used for criteria in enrollment priority should more applications be submitted than there are openings at a grade level.

Parent or Guardian Signature: _____

PARENT QUESTIONNAIRE

Child's Name: _____ Date of Birth: _____

Child's Primary Language: _____

Languages Spoken at Home: _____

The academic progress of your child is very important to us. It is an integral part of our philosophy that each child be properly placed within our academic program to insure the building of a child's self-esteem and school success. The information which you hold as a parent is invaluable to us. Please share this information with us by completing the questionnaire below. The responses will remain confidential and will be viewed only by school officials and educators. Failure to disclose information may result in dismissal from the school.

PLEASE ANSWER THE QUESTIONS THAT APPLY TO YOUR CHILD:

1. The things my child does that please me most are: _____

2. The things my child does or does not do that worry me most are: _____

3. The activities my child and I do together are: _____

4. When my child disobeys me, I: _____

5. My child has allergies to: _____
6. My child has (or had) the following medical problems: _____
7. My child began to talk at _____ months and walk at _____ months.
8. My child has _____ some difficulty _____ no difficulty with verbal expressions.
9. My child was _____ full term _____ premature (by _____ weeks).
10. My child is _____ completely toilet trained _____ partially toilet trained _____ not toilet trained.
11. My child _____ sleeps thought the night _____ frequently wakes up.
12. My child is _____ independent _____ dependent for his/her age.
13. Check any area that applies to your child. My child:

_____ has tantrums	_____ squints
_____ is not able to accept limits	_____ wants to sit close to TV
_____ resists rules	_____ acts much younger than age
_____ is destructive with toys	_____ afraid to climb
_____ is fearful a lot	_____ falls or bumps into things
_____ does not separate easily	_____ has difficulty using crayons

- | | |
|---|--|
| <input type="checkbox"/> does not play with other children | <input type="checkbox"/> has difficulty using scissors |
| <input type="checkbox"/> has unclear speech | <input type="checkbox"/> does not like puzzles |
| <input type="checkbox"/> needs instructions repeated often | <input type="checkbox"/> has difficulty catching a ball |
| <input type="checkbox"/> gives inappropriate answers | <input type="checkbox"/> has difficulty throwing a ball |
| <input type="checkbox"/> has difficulty dressing | <input type="checkbox"/> has had numerous ear infections |
| <input type="checkbox"/> requires assistance going to the bathroom | <input type="checkbox"/> has ear tubes |
| <input type="checkbox"/> has difficulty following routines | <input type="checkbox"/> wears hearing aid |
| <input type="checkbox"/> is easily distracted | <input type="checkbox"/> takes medication on a regular basis |
| <input type="checkbox"/> has a short attention span | <input type="checkbox"/> other handicap or medical condition |
| <input type="checkbox"/> darts from one task to another, specify: _____ | |
| <input type="checkbox"/> wears glasses | |
| <input type="checkbox"/> has other vision difficulties, specify: _____ | |

I certify that, to the best of my knowledge, the above information is true.

Parent or Guardian Signature: _____