



St. Lawrence School Application Form

Child's name: _____ Date of Birth: _____

Name of Father: _____

Deceased _____ Divorced _____ Separated _____

Birthplace: _____ Occupation _____ Religion _____

Name of Mother: _____

Deceased _____ Divorced _____ Separated _____

Birthplace: _____ Occupation _____ Religion _____

Home Address: _____

City and zip code: _____

Email Address _____

Home Telephone: _____

Work Telephone: _____

Cell/Pager Telephone: _____

Emergency Contact Telephone: _____

Previous School attended: _____

Requesting Enrollment for Grade _____