St. Lawrence Martyr School Student Application for Admission  Date Applying for Previously Applied?	
Date	
Student's Information  Legal Last Name First Name Middle  Date of birth Gender Birthplace  Ethnicity Native American Filipino Asian African American Hispanic White Address  City State Zip Code  Primary Phone Number Primary Email  Previous school City/State  Place of Baptism Date of Baptism  Date of Reconciliation Date of First Communion  Family Information	
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Address  City	
City	<u></u> Multiracial
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Date of Reconciliation Date of First Communion  Family Information	
Family Information	
Family Information	
Name Name	
Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single	
Address	_
Address	
State Zip Code         State Zip Code	
Primary Phone Number Primary Phone Number	
Primary Email Primary Email	
Father's Place of Birth Mother's Place of Birth	
Religion Religion	
If Catholic: Practicing Non-Practicing If Catholic: Practicing N	
Father's Occupation Mother's Occupation	-
Employer Employer	

Current SLM Parishioner  Yes  No	Other Parish
Please tell us why you wish to enroll your child in S	St. Lawrence Martyr School.
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Describe your child as an individual, explaining whaspirations.	nat you believe to be his/her strengths and weaknesses, goals and
A. "TYD	
Please list current parish/school organizations, pro	ojects, services, or activities in which you are involved.
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las your child ever had an educational evaluation	? If so, please explain the circumstances.
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