Saint Laurence School
REGISTRATION PROCEDURES
2020-2021 School Year

REGISTRATIONS WILL NOT BE ACCEPTED UNLESS ALL THIS INFORMATION IS PROVIDED.

Anyone interested in Grades 7 and 8 will be placed on a waiting list.

Please call 610-789-2670 (ext. 310) to schedule an appointment to register your child. Please bring the following information with you:

- Child's Birth Certificate
- Immunization Records
- Child's Baptismal Certificate (if Catholic)
- Proof of Registration of Sacraments (if Catholic)
- Proof of Parish Registration (church envelope or letter from Rectory)
- Copy of Report Card from Present Grade and last year's Report Card
- $100 non-refundable Registration Fee

ARCHDIOCESE OF PHILADELPHIA

ST. LAURENCE SCHOOL, Upper Darby, PA

REGISTRATION for 2021-2022

Child's Name: _____
(First) (Middle) (Last)

Grade for September (Pre-K thru 8): _____

Date of Birth: _____ Sex: ❑ Male ❑ Female

Student's Place of Birth: _____ U.S. Citizen: ❑ Yes ❑ No

Student's Address: _____

_____
(City) (State) (Zip)

County of Residence: _____ School District of Residence: _____

Home Phone: _____ E-Mail: _____

Ethnicity: ❑ Caucasian ❑ African-American ❑ Hispanic ❑ Asian
❑ Pacific Islander ❑ Multi-Racial ❑ Other _____

Language Spoken at Home (if not English): _____

Name and address of previous 2 schools child attended:

_____
School Name & Address

_____
School Name & Address

Catholic: ❑ Yes ❑ No Religion: _____

Registered at St. Laurence Parish: ❑ Yes ❑ No Church Envelope No.: _____

List name of parish where you are registered: _____

SACRAMENTAL INFORMATION

	Date	Church	City	State
Baptism:				
Holy Eucharist:				
Confirmation:				

Office Info - ❑ Registration fee _____ ❑ Birth certificate ❑ CARES fee ❑ Immunizations

FAMILY BACKGROUND OF CHILD

Father: _____
(First) (Last)
Address: _____ Home Phone: _____
(if different from child's) (if different from child's)
Father Cell #:_____ Religion: _____ Country of Birth: _____

Father's Place of Employment:_____Phone:_____

Father's Occupation:_____

Mother:_____
(First) (Last)
Address: _____ Home Phone: _____
(if different from child's) (if different from child's)
Mother Cell #:_____ Religion: _____ Country of Birth: _____

Mother's Place of Employment:_____Phone:_____

Mother's Occupation:_____

Siblings/s: _____ Age:_____ School:_____
_____ Age:_____ School:_____
_____ Age:_____ School:_____

Home situation – student lives with:
❑ Two biological parents ❑ One Parent ❑ Mother / Stepfather ❑ Father / Stepmother

Parents are: ❑ Married ❑ Separated ❑ Divorced or Other:_____

Parental rights: (in case of separation or divorce)
Legal Custody: ❑ Joint Custody ❑ Sole Custody Physical Custody: ❑ Joint Custody ❑ Sole Custody

Guardian:_____
(First) (Last)

Relationship of Guardian to student: _____

Remarks – student disabilities/unusual circumstances/special services required or previously recorded:

_____
_____
_____

Are you interested in our after school CARES program? ❑ Yes ❑ No

Does student need bus service? ❑ Yes ❑ No

I certify that the above information is accurate and complete.

Signature:_____ Date:_____

ARCHDIOCESE OF PHILADELPHIA

ST. LAURENCE SCHOOL, Upper Darby, PA

TUITION FORM 2021-2022

To Be Completed and Given to Tuition Officer

Family Name: _____

Child's Name: _____
(First) (Middle) (Last)

Grade for September (Pre-K thru 8): _____

Address: _____

_____
(City) (State) (Zip)

Home Phone: _____ E-Mail: _____

PLEASE CHOOSE ONE OF THE FOLLOWING:

❑ Our family is Catholic and registered at St. Laurence Parish Church Env #: _____

❑ Our family is Catholic and registered at _____ Parish

❑ Our family is non-Catholic

Ethnicity: ❑ Caucasian ❑ African-American ❑ Hispanic ❑ Asian
❑ Pacific Islander ❑ Multi-Racial ❑ Other _____

Registered with FACTS: ❑ Yes ❑ No

I agree to adhere to the payment as outlined. If I am unable to meet these payments in a timely manner, my child/children will be removed from St. Laurence School.

Person Responsible for tuition (must be filled in)

Name: _____ Relationship to child: _____

Address: _____

Phone #: _____

Parent/Guardian Signature:

_____ Date: _____

ARCHDIOCESE OF PHILADELPHIA

ST. LAURENCE SCHOOL, Upper Darby, PA

AGREEMENT FOR ADMISSION

Family Name:_____

Child(ren)'s Name: Grade:

_____

_____

_____

It is our (my) wish that our (my) child attend St. Laurence Parish Elementary School. We (I) understand that our (my) child (children) is (are) obligated to attend classes in Religion and fulfill the requirements for this subject and, also to attend all religious functions offered as part of the school program.

We (I) assume the obligation to pay the specified tuition and school fees and agree to support the philosophy, goals, objectives, and regulations of the school.

Parent/Guardian Signature:

_____ Date:_____

Parent/Guardian Signature:

_____ Date:_____

School Principal Signature:

_____ Date:_____

ARCHDIOCESE OF PHILADELPHIA

ST. LAURENCE SCHOOL, Upper Darby, PA

ENTRANCE QUESTIONNAIRE

1. Why is your child transferring from his/her school?

_____

_____

2. How did you learn about St. Laurence School?

❑ relatives ❑ friends ❑ newspaper ad ❑ parishioner ❑ other_____

3. Name and full address of the school your child is presently attending (please print):

_____

_____

4. What is/was the student's first language?_____

5. Does the student speak a language other than English? ❑ Yes ❑ No

If yes, what language:_____

What language is spoken in the home:_____

Has the student been tested for/received English Language Learner (ELL) Services? ❑ Yes ❑ No

6. Please describe any relevant medical condition(s) (e.g. seizure disorder, ADHD, etc.)?_____

_____

_____

7. Has your child ever been evaluated for education services i.e. had an Evaluation Report (ER) including Early Intervention (EI)? ❑ Yes ❑ No

If yes, date of report:_____ Eligibility Category(s):_____

Check any service that was provided:

❑ Special classroom/program ❑ Occupational Therapy (OT)

❑ Speech and/or Language ❑ Physical therapy (PT)

❑ Other_____

*** Are you willing to release a copy of the report to St. Laurence School? ❑ Yes ❑ No

8. Has your child been evaluated by a psychologist outside of school? ❑ Yes ❑ No

If yes, what were their findings?_____

_____

*** Are you willing to release a copy of the report to St. Laurence School? ❑ Yes ❑ No

9. Has your child been involved in any type of disciplinary action at any school? ❑ Yes ❑ No

If yes, please explain _____

_____

10. PRE K and K ONLY: My child has previously been:

❑ at home ❑ in day care ❑ SLS Pre K ❑ Other Pre K

****** FAILURE TO DISCLOSE ALL THIS INFORMATION WILL RESULT IN DISMISSAL ******

WHO HAS PERSMISSION TO PICK UP YOUR CHILD?

_____

_____

_____

WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?

_____

_____

_____

ARCHDIOCESE OF PHILADELPHIA

ST. LAURENCE SCHOOL, Upper Darby, PA

MEMORANDUM OF UNDERSTANDING

Every Catholic school student has a right to be treated as a child of God, with the love and respect that implies, regardless of family circumstances. In like manner, the believing community has the right to an education guided by Catholic teaching and identity, unimpeded by pressures contrary to Church teaching.

As parent/guardian of a student in a Catholic school, I understand, affirm, and support the following:

1. Attending a Catholic school is a privilege, not a right.

2. The primary purpose of a Catholic school education is two-fold; to strengthen the Catholic community in its faith, and to form students in the teachings of Jesus Christ and the Catholic Church.

3. Catholic schools are distinctive religious education institutions guided by the teachings of the Catholic Church. They are not simply private schools offering a positive moral code. Rather, they exist to advance the faith mission of the sponsoring Catholic parish(es), Archdiocese, or Catholic religious community.

4. While Catholic education places a high value on academic excellence and extracurricular achievement, its fundamental priority is fidelity to Catholic teaching and identity.

5. The school and its administration have the responsibility to ensure that Catholic teaching and moral integrity permeate every facet of the school's life and activity and that the school is able to function as a community of faith.

6. In all questions that involve Catholic teaching, morals, and Church law, the final determination rests with the Archbishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all principles and policies that govern the Catholic school.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date

ARCHDIOCESE OF PHILADELPHIA

ST. LAURENCE SCHOOL, Upper Darby, PA

LOAN OF TEXTBOOKS

Dear Parent/ Guardian:

State legislation authorizes the loan of textbooks, instructional materials, and equipment by the Secretary of Education to Pennsylvania children enrolled in kindergarten through grade 12 in nonpublic and private schools. Our school is now in the process of requesting specific textbooks, materials and equipment to be loaned to your child(ren). It is required, however, that a parent/guardian of each child attending the nonpublic or private school individually requests a loan of textbooks, instructional materials and equipment. We are, therefore, enclosing the individual request form. Please sign the form, date it, and return it to the school immediately. Thank you for your continued assistance and cooperation.

Very truly yours,

Sister MaryAnne Bolger, IHM

CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOKS, INSTRUCTIONAL MATERIALS AND EQUIPMENT

I hereby request the loan of textbooks, instructional materials and equipment in accordance with the Pennsylvania School code of 1949 for my child(ren) attending St. Laurence School.

Parent/Guardian Signature:

_____ Date:_____

Student: Grade: Room:

This program is available only to Pennsylvania resident.
(This form is to remain on file at the school.)

Saint Laurence School
Acceptable Use Policy for Technology
Catholic Schools of the Archdiocese of Philadelphia

STUDENT INTERNET ACCESS CONTROL

I understand that when I am using the Internet or any other computer/telecommunications device, I must adhere to all rules of courtesy, etiquette, and laws regarding the copying of information as prescribed by either Federal, State, or local laws, and the Archdiocese of Philadelphia and St. Laurence School.

My signature below and that of my parent(s) or guardian(s) signature means that I agree to follow the guidelines of this Acceptable use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia.

Student Name_____

Student Signature_____ Date_____

Graduation Year _____ Grade_____ Room #_____

PARENT OR GUARDIAN: We ask that you review this policy with your child and sign below.

Student Access Contract

I hereby release St. Laurence School and the Archdiocese of Philadelphia, its personnel and any other institutions with which it is affiliated, from any and all claims and damages or any nature arising from my child's use of, or inability to use, the Internet Access, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing materials that are outlined by the Acceptable Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia for St. Laurence School. I hereby give my permission for my child to use the Internet and will not hold St. Laurence School or the Archdiocese of Philadelphia liable as a result of my daughter's/son's use of the Internet on school premises. I understand that my child has agreed not to access inappropriate material on the Internet.

Parent/Guardian Signature_____ Date_____

Revised June 2012

PERMISSION IS GRANTED BY THE PARENT/GUARDIAN FOR THE FOLLOWING:

* For my child to sign up for a personal account on approved educational sites and in accordance with site and guidelines.

* For my child to use his/her school created student email address or a teacher created class account when signing up for accounts.

* For my child to use his/her email to communicate with teachers, moderators, and/or other students regarding academics or other school related activities.

* For my child's work to be published on the school website, the classroom wiki, and/or on other student classroom sites as prescribed by the teacher.

* For my child's photo to be published on the school website, the classroom wiki, and/or on other classroom sites as prescribed by the teacher. When photos are used in almost all cases names are not included. Names will be included with photos rarely and only in cases where there is special recognition such as with academic or sport awards.

* For my child's photo to be published in the school newsletter, in the local newspapers, on school brochures, printed materials, and Archdiocesan website.

* I give permission for my child's photo to be posted on the school or Archdiocesan website or social network page associated with the work of the classroom.

PERMISSION IS GRANTED BY THE STUDENT FOR THE FOLLOWING:

* For my work to be published on the school website, classroom wiki and/or other classroom sites as prescribed by the teacher.

* For my work to be published in the local newspaper and on school promotional materials.

PARENTAL PERMISSION FORM

GENERAL TECHNOLOGY USE INCLUDING

WEB2.0, ONLINE COLLABORATION, PHOTOS AND MEDIA RELEASE

Student's Name_____ Grade_____

Parent's/Guardian's Name_____ Date_____

Parent's/Guardian's Signature_____Date_____

Student's Signature_____ Date_____

ARCHDIOCESE OF PHILADELPHIA

ST. LAURENCE SCHOOL, Upper Darby, PA

PROBATIONARY ACCEPTANCE FORM

Admission to Pre-Kindergarten through Grade Eight

1. Parents or guardians are required to accept all criteria listed for admission.

2. Parents or guardians must present a copy of the student's report card, birth certificate, and immunization records.

3. St. Laurence School must be made aware of any known physical, intellectual or psychological limitations of the student, as well as, any prior disciplinary problems. Failure to make this known will result in expulsion. The school in turn will decide whether our program is appropriate for the student.

4. Students entering grades 1 through 8 will be tested in mathematics and reading to determine instructional levels.

EVERY NEWLY ADMITTED STUDENT IN PRE-KINDERGARTEN THROUGH GRADE 8 WILL BE ON PROBATION FOR THE FIRST YEAR

This is to certify that _____ (Parent/Guardian) has been informed of and will adhere to the conditions of probationary acceptance into St. Laurence.

_____(Student) will be permitted to remain at St. Laurence School as long as he/she:

- Does not display disruptive behavior deemed by the administration and teacher to be unacceptable. If at any time this student's demeanor is evaluated as unacceptable and disruptive to the learning environment of the classroom, he/she must be removed from the roll of St. Laurence School.

- Is able to make satisfactory academic advancement within the classroom setting of St. Laurence School.

If at any time, it is determined that St. Laurence School cannot meet the educational or psychological needs of my child, I understand that it will be necessary to place him/her in another learning environment.

I realize that the administration has complete authority and I will abide by their decision without dissent.

_____ _____

Parent/Guardian Signature Date

_____

Principal

ARCHDIOCESE OF PHILADELPHIA
ST. LAURENCE SCHOOL
8245 West Chester Pike, Upper Darby, PA 19082
Phone – 610-789-2670 **Fax – 484-452-6271**

RECORD REQUEST

Dear Principal,

_____ has applied for admission to St. Laurence School. Before rendering a decision for acceptance, we review the student's records. Please send a copy of this student's records as indicated below, and other pertinent information that you have on file.

Sincerely,
Mrs. Cathy McLaughlin
Admissions

I hereby authorize the school identified below to release records relative to my child's previous educational experiences. The specific records which I am requesting should be released and forwarded to St. Laurence School.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Name of Student DOB

Current School Attending:

_____

Address/Phone Number:

_____

_____

Records Requested:

- ❑ Attendance Data
- ❑ Personal History
- ❑ Medial & Dental Records
- ❑ Psychological Reports
- ❑ Psychiatric Evaluations
- ❑ Report Card
- ❑ Speech & Language Evaluations
- ❑ Group, Aptitude & Achievement Testing
- ❑ Instructional Support Plans & Summaries
- ❑ Others: Specific Reports such as Occupational and Physical Therapists, Neurological Evaluations, etc., known by parents to be available