



ST. LAWRENCE CATHOLIC SCHOOL

5223 N. Himes Avenue Tampa, Florida 33614
Phone: (813) 879-5090 Fax: (813) 879-6886
Website: www.stlawrencecatholicsschool.org

2024-2025 Parish Affiliation Form Required for all New Students Entering St. Lawrence

Part A- To be completed by the Parent/Guardian

Please complete all information and submit the form to the pastor, parish life coordinator, or designated parish representative to verify your status. Any discussion regarding eligibility as a participating parish member must take place between you and the parish. *Forms should be submitted to the parish so that they may be verified. The Parent/Guardian will upload this form into the account that they created on RenWeb, under Application for Admissions into St. Lawrence.*

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|--------------------------------|----------|
| *Full Name of Parent/Guardian: | |
| *Address | City/Zip |
| *Phone: | |
| *Name of Parish: | |

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| *Please list participation in Parish Ministries: | |
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Please list the names of your children who will be attending St. Lawrence in the 2024-2025 school year. Write the grade they will be in as of **August 2024** and include their last name if it is different from your own.

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|-----|--------|
| (1) | Grade: |
| (2) | Grade: |
| (3) | Grade: |

*Mandatory Information

Parent/Guardian Signature: _____ Date: _____

Part B- To be completed by the Parish.

The parent/guardian of the student(s) listed above has claimed to be a participating member of your parish, and therefore is eligible for the Parish Affiliated tuition rate at St. Lawrence Catholic School. Please verify this claim. This form is to be returned by the Parent/Guardian at the time of the online application or to the Registrar at St. Lawrence Catholic School. Parent/Guardians understand that his/her participating status must be discussed with you and that St. Lawrence cannot negotiate this rate. The parent/guardian also understands that he/she will continue to be billed at the full tuition rate until this verified form is received in the Registrar's Office at St. Lawrence.

By signing below, I verify that this family is an active member of our Parish, attending Sunday Mass and use of the offertory envelope. They should receive the Parish Affiliated rate.

Name of person completing verification (please print) _____

Job title within the parish structure: _____

Signature: _____ Date: _____

If you have any questions, please contact LiliAnne Rodriguez in the Registrar's Office, at (813) 879-5090 ext. 230 or by email at lrodriguez@stlawrence.org .

Our Mission Statement: *St. Lawrence Catholic School community is dedicated to the creation of a Christ-centered environment in the Roman Catholic tradition which allows students to learn to serve God and others, to develop their unique talents and skills, to strive for academic excellence, and to become life-long learners.*