



St. Martin's Lutheran School Application for Admission

Attach
Photo
Here

Academic and Spiritual Excellence

Student Information:

Date: ____/____/____ Application for: Grade ____ Academic year ____/____

Student's name _____
Last First Middle

Date of Birth: ____/____/____ Gender: _____

Present School: _____ Teacher _____

School Address: _____
Street City State Zip

Other schools attended: _____ Grade(s): _____

_____ Grade(s): _____

May we contact the school for information concerning your child? ____ Yes ____ No

Has your child ever repeated a grade(s)? ____ Yes ____ No

Which grade: _____ Please explain: _____

Has your child ever been suspended or expelled from school? ____ Yes ____ No

Has your child been *home schooled*? ____ Yes ____ No

(If yes, provide dates and description of curriculum.) _____

Has your child ever been tested for or diagnosed with a learning disability? ____ Yes ____ No

(If yes, please include IEP, Psychological report, 504 plans or Physician's report as applicable.)

Is your child presently taking any medication? ____ Yes ____ No

If yes, please list medication taken: _____

Does your child have any physical disability? ____ Yes ____ No

If yes, please explain: _____

Does your child have any allergies? ____ Yes ____ No

If yes, please explain: _____

Interests, hobbies, extracurricular activities: _____

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Parent/Guardian Information (please complete one section for each parent or guardian):

Check one: Mother Guardian (relationship): _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Business Phone: _____

Home E-mail: _____ Business E-mail: _____

Employer: _____

Occupation: _____ Title: _____

Address: _____
Street City State Zip

Check one: Father Guardian (relationship): _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Business Phone: _____

Home E-mail: _____ Business E-mail: _____

Employer: _____

Occupation: _____ Title: _____

Address: _____
Street City State Zip

Applicant's parents are: married divorced separated single _____

Please indicate with whom the student resides: _____

Who has legal custody? _____

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Sibling Information:

Name:

Current grade/age:

Current School:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other:

Are you a member of St. Martin's Lutheran Church? Yes No

How did you hear about St. Martin's? Newspaper Internet Magazine

Friend TV Other (please explain) _____

A non-refundable Application fee of \$35 must accompany this form. Please make your check payable to St. Martin's Lutheran School. Testing fees are as follows and due on the date of testing: Pre-K and Kindergarten - \$50; Grades 1-8 - \$75.

I/we certify that I/we have answered all questions honestly and completely. I/we have not held back any information from the Director of Admissions.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Office Use Only:

Date Received _____

Application Fee Paid:

Check # _____

Date of Testing: _____

Testing Fee Paid:

Screening Complete _____

Check # _____

Accepted: Yes No

Class placement Yes No

Waiting List Yes No