



# 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# St. Martin's Lutheran School Application for Admission

**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? \_\_\_\_\_

# St. Martin's Lutheran School Application for Admission

## 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