

St. Martin's Lutheran School of Annapolis

Application for Admission

Student Information:				
Date:	Application for Grade:	Academic Year:		
Name (Last, First & Middle):				
Date of Birth:		Gender: 🗆 M 🗆	F	
Home Address:				
Present School:		Teacher:		
			Grade(s)	
_			Grade(s)	
Has your child ever repeate		If yes, please explain, including §		
Has your child ever been su	spended or expelled from sci	nool?		
n yes, picase explain, inclue				
Has your child been home schooled? If yes, please provide dates and description of curriculu				
Has your child been tested for or diagnosed with a learning difference?				
If yes, please provide IEP, Psychological Report, 504 plans or Physician's Report as applicable.				
Any concerns to share? Please indicate:				
Interests, Hobbies, Activities	::			



Parent/Guardian Information	on:				
Parent/Guardian Name:	Relationship:				
Parent/Guardian Address:					
Home Phone:		Other Phone:			
Email:					
Employer:	Occupation:				
	Relationship:				
	Cell Phone:	Other Phone:			
		Occupation:			
	Parents Mother				
Sibling Information					
Sibling Information	Current Grade	Age Current School			
Other Information					
Are you a member of St. Ma	rtin's Lutheran Church?				
Are you a member of anothe	er local Lutheran Church?				
How did you learn about St.	Martin's?				
Friend (Name):					
A non-refundable application fee must accompany this form. Please pay online or make your check payable to St. Martin's Lutheran School. PAY HERE (PRE-K) PAY HERE (GRADES K-8TH) The fees are as follows: Pre-K: \$50.00 Grades K-8 th : \$100.00 I (we) certify that I (we) have answered all questions honestly and completely. I (we) have not withheld any information from, nor misled the Director of Admissions.					
Signature of Parer	nt of Guardian	Date			
Signature of Parer	nt of Guardian	Date			