St. Martin of Tours ACADEMY

APPLICATION FORM

(ONE PER STUDENT)

Return this form with an application fee of $35.00 (not refundable)

Office Use Only _____

Please print all information:

STUDENT NAME: **Grade to Enter** **Date of Birth**

_____ _____ _____

Last First Middle

PARENTS:

Father's Name: _____ Mother's Name: _____

Primary Mailing Address: _____

Primary Home Phone: _____ _____ _____

Daytime/Cell (Father) Daytime/Cell (Mother)

E-MAIL: _____

Child lives with: _____both parents _____mother _____father _____guardian

GUARDIAN: (if applicable)

Name(s): _____

Address: _____

E-MAIL: _____ Phone: Home: _____ Daytime: _____

School(s) attended: (if applicable)

_____ _____

NAME OF SCHOOL GRADE(S) NAME OF SCHOOL GRADE(S

_____ _____

ADDRESS CITY STATE ZIP ADDRESS CITY STATE ZIP

_____ _____

PHONE PHONE

Please check:

_____ Family registered in St. Martin of Tours Parish

_____ Family registered in another Catholic Parish: _____ Pastor: _____

_____ Catholic, but not registered in a parish

_____ Not Catholic, Religion: _____

Reason for applying at St. Martin of Tours Academy: _____

_____

_____

How did you hear about St. Martin of Tours Academy?

Website ❑ Newspaper ❑ Advertisement/flyer ❑ Parish ❑ Friend/Family ❑

_____ _____

Signature of Parent/Guardian **Date of Application**

ENCLOSE WITH THIS APPLICATION:

- **birth certificate**
- **immunization record**
- **letter of readiness for kindergarten from preschool** *(if applicable)*
- **most recent report card** *(if applicable)*
- **previous standardized test scores** *(if applicable)*

Your child must be five by September 1 to apply for kindergarten and six by September 1 to enter first grade.