



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)
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ADDRESS	CITY	STATE	ZIP	ADDRESS	CITY	STATE	ZIP
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PHONE	PHONE
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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)