



APPLICATION FORM

(ONE PER STUDENT)

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

OFFICE USE ONLY _____

STUDENT NAME: (please print) _____

Grade to Enter _____

Date of Birth _____

Last _____

First _____

Middle _____

PARENTS:

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

Primary Mailing Address: _____

Primary Home/Cell Phone: _____

Cell (Father)

Cell (Mother)

E-MAIL: _____

Child lives with: _____ both parents _____ mother _____ father _____ guardian

GUARDIAN: (if applicable)

Name(s): _____

Address: _____

E-MAIL: _____ Phone: _____

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: _____

_____ Catholic, but not registered in a parish

_____ Not Catholic

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

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

Website

Advertisement/flyer

Parish

Friend/Family

SD Family Magazine

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.*