



# 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)