



St. Martin School does not unlawfully discriminate on the basis of race, color, national or ethnic origin, age, sex, or disability in the admission of students, the administration of educational policies, scholarship, and loan programs, and athletic and other school administered programs.

Instructions: Complete all sections. Indicate a "NA" if something does not apply. Please complete one application per child. Each application must be accompanied by a \$50.00 non-refundable fee in the form of cash or a check made payable to St. Martin School.

Today's Date _____ Grade Applying For _____ Child's Current Age _____

1) Child's Name: _____

2) Address: _____ 3) Phone Number (____) _____
 Number and Street Name City Zip Code

4) Date of Birth: ____/____/____ 5) Sex: M F 6) Place of Birth: _____

7) Is your child potty-trained? (Junior Kindergarten only) Yes No 8) Child's Social Security # _____

9) Child's Citizenship: U.S. Native Born U.S. Naturalized Other: _____

10) Child's Ethnic Background: Hispanic Chinese Filipino
 Caucasian Japanese Vietnamese
 African American Korean American Indian
 Other: _____

11) Language Spoken at Home: English Other: _____

12) Child is living with: Both parents Mother Foster Parent
 Father Guardian Other: _____

13) Child's Religion: _____

14) Child's Record of Sacraments:
 Baptism First Communion Confirmation
 Date: _____
 Church: _____
 City & State: _____

If a sacrament was received at a church other than St. Martin, original certificates must be presented at registration.

15) Current Church you are attending: _____ 16) Resident Parish: _____

17) For St. Martin parishioners, please provide weekly envelope number: _____

18) Please indicate the school your child is now attending: _____

Name Address Grade
 19) Has your child been retained? Yes No If yes, what grade? _____

20) Has your child ever been identified or tested for special needs? Yes No
 Speech Hearing Learning Other _____

21) Does your child have any specific medical needs? Yes No
 Please list any necessary medicines for allergies, ADD, seizures or asthma on a separate sheet.

Over Please

