



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? (Pre-School 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Family Information

Father's Parental Status: Married Separated Divorced Remarried Deceased Single

Father's Name _____ Home Phone _____

Address _____ Religion _____
Number and Street Name City Zip Code

Place of Birth _____ Citizenship _____

Employer's Name _____ Occupation _____

Work Address _____ Work Phone _____

Mother's Parental Status: Married Separated Divorced Remarried Deceased Single

Mother's Name _____ Home Phone _____

Address _____ Religion _____
Number and Street Name City Zip Code

Place of Birth _____ Citizenship _____

Employer's Name _____ Occupation _____

Work Address _____ Work Phone _____

Does this child have siblings? Yes No Applying to
Name(s) Birthdate(s) School Currently Attending St. Martin?

How did you hear about St. Martin School? Please check all that apply.

Sibling Parishioner Friend Flyer Bay Area Parent Ad School Sign Web Site
 Other _____

Reason for enrolling in St. Martin School

In order for your child to be considered for enrollment, the following items must accompany the completed application:

- 1. \$50.00 application fee
- 2. Copy of child's birth certificate
- 3. If Catholic, a copy of child's baptismal certificate
- 4. Copies of most recent report card and standardized testing or preschool recommendation

All parents are expected to be an active part of their child's education and participate in fundraising activities

I wish to apply for admission for my child to St. Martin School. I have read and understand the obligations required us as parents of a student attending St. Martin School. I have stated the information above to be true and correct to the best of my knowledge.

Signature of Parent

Date