



*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: \_\_\_\_\_  
 Number and Street Name City Zip Code
- 3) Phone Number ( ) \_\_\_\_\_
- 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?  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.

**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 \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

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 \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

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