



APPLICATION FORM

(ONE PER STUDENT)

Return this form with an application fee of \$25.00 (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 address: _____

Child lives with: _____ both parents _____ mother _____ father

GUARDIAN: (if applicable)

Name(s): _____

Address: _____

Phone: Home: _____ Daytime: _____

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: _____ Pastor: _____

_____ Catholic, but not registered in a parish

_____ Not Catholic, Religion: _____

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

_____ **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)