



*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**

