



Please Attach Photo

## APPLICATION FOR ADMISSION

APPLICATION FOR GRADE: \_\_\_\_\_

SCHOOL YEAR: 20\_\_\_\_ 20\_\_\_\_

FULL NAME OF APPLICANT: \_\_\_\_\_  
Last First Middle Preferred Name

APPLICANT'S ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

CITIZENSHIP (optional): \_\_\_\_\_ NATIVE LANGUAGE: \_\_\_\_\_

RELIGIOUS AFFILIATION (optional): \_\_\_\_\_ IS CHILD BILINGUAL? YES \_\_\_\_\_ NO \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_  
Street City / State / Zip

PRINCIPAL OR HEADMASTER: \_\_\_\_\_

PREVIOUSLY APPLIED TO ST. MARTIN'S? \_\_\_\_\_ GRADE \_\_\_\_\_ YEAR \_\_\_\_\_

A \$50.00 APPLICATION FEE (NON-REFUNDABLE) MUST ACCOMPANY THIS APPLICATION. THE ADMISSION OFFICE THOROUGHLY REVIEWS EACH APPLICANT'S INFORMATION, INCLUDING PERFORMANCE ON APTITUDE AND ACHIEVEMENT TESTS, PREVIOUS SCHOOL RECORDS, OBSERVATIONS FROM THE CHILD'S CLASSROOM VISIT AND MORE. ADDITIONAL FEES MAY BE REQUIRED FOR ADMISSION TESTING. PLEASE DO NOT HESITATE TO CALL THE ADMISSION OFFICE WITH ANY QUESTIONS YOU MAY HAVE ABOUT ST. MARTIN'S EPISCOPAL SCHOOL OR THE APPLICATION PROCESS.

*St. Martin's admits students without regard to physical handicap, race, color, gender, national and ethnic origin, or sexual orientation, to all the rights, privileges, programs and activities available to students. It does not discriminate in the administration of educational policies, financial aid programs, athletic programs or any other school-administered programs.*

I. FAMILY INFORMATION :

FATHER	<p>Full Name: _____ Home Phone: _____          (Dr/Mr) _____ Cell Phone: _____          _____ Email: _____</p> <p>Address: _____          (Street) _____ (City / State / Zip)</p> <p>Place of Employment: _____ Title: _____</p> <p>Address: _____ Phone: _____          (Street) _____ (City / State / Zip)</p>																								
MOTHER	<p>Full Name: _____ Home Phone: _____          (Dr/Mrs/Ms) _____ Cell Phone: _____          _____ Email: _____</p> <p>Address: _____          (Street) _____ (City / State / Zip)</p> <p>Place of Employment: _____ Title: _____</p> <p>Address: _____ Phone: _____          (Street) _____ (City / State / Zip)</p>																								
STEP-PARENT GUARDIAN	<p>Full Name: _____ Home Phone: _____          (Dr/Mr/Mrs/Ms) _____ Cell Phone: _____          _____ Email: _____</p> <p>Address: _____          (Street) _____ (City / State / Zip)</p> <p>Place of Employment: _____ Title: _____</p> <p>Address: _____ Phone: _____          (Street) _____ (City / State / Zip)</p>																								
SIBLINGS	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 20%;">Birth Date</th> <th style="width: 20%;">Grade</th> <th style="width: 30%;">School</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Birth Date	Grade	School																				
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HOME	<p><i>Check all that apply:</i></p> <p><input type="checkbox"/> Parents separated      <input type="checkbox"/> Father deceased      <input type="checkbox"/> Mother &amp; Father      <input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Parents divorced      <input type="checkbox"/> Mother remarried      <input type="checkbox"/> Mother      <input type="checkbox"/> Stepmother</p> <p><input type="checkbox"/> Mother deceased      <input type="checkbox"/> Father remarried      <input type="checkbox"/> Father      <input type="checkbox"/> Stepfather</p> <p><input type="checkbox"/> Single/never married</p> <p style="text-align: right;"><i>Applicant lives with:</i></p>																								

II. RELATIVES AND FRIENDS WHO ARE CURRENT STUDENTS OR ALUMNI OF STM:

Name

Relationship

Class/Years at STM

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III. ARE YOU APPLYING TO OTHER SCHOOLS? IF SO, PLEASE LIST: \_\_\_\_\_

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IV. PLEASE SEND ME FINANCIAL AID APPLICATION MATERIALS:  YES  NO

V. PREVIOUS SCHOOLS ATTENDED:

School

Grades

Dates

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VI. HAS YOUR CHILD EVER SKIPPED OR REPEATED A GRADE? \_\_\_\_\_ IF SO, PLEASE EXPLAIN THE CIRCUMSTANCES AND

THE GRADE. \_\_\_\_\_

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VII. HAS THE CANDIDATE EVER RECEIVED DISCIPLINARY CENSURE AT SCHOOL OR FROM THE COMMUNITY?  YES  NO

SCHOOL SUSPENSION?  YES  NO    ASKED TO WITHDRAW BY SCHOOL?  YES  NO    EXPELLED?  YES  NO

HAS PRESENT SCHOOL RECOMMENDED A SCHOOL CHANGE?  YES  NO    IF YES, PLEASE EXPLAIN \_\_\_\_\_

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I hereby certify that all information contained in this application and any supporting documentation is complete and correct to the best of my knowledge. I understand that material misrepresentations or omissions may result in denial of the application or, if the student has been accepted or enrolled, dismissal from St. Martin's.

A non-refundable application fee of \$50 must accompany your application. Make check payable to St. Martin's Episcopal School.

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

# APPLICANT'S QUESTIONNAIRE

## GRADES 6-12

WE WANT TO KNOW YOU AS AN INDIVIDUAL - YOUR INTERESTS, HOBBIES, TALENTS AND ACHIEVEMENTS. PLEASE GIVE THE FOLLOWING QUESTIONS THOUGHTFUL CONSIDERATION AND COMPLETE ALL QUESTIONS IN YOUR OWN HANDWRITING AND WITHOUT ASSISTANCE. ADDITIONAL PAPER MAY BE USED. THANK YOU FOR WRITING LEGIBLY!

WHAT ARE YOUR FAVORITE ACADEMIC SUBJECTS?

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WHAT ARE YOUR FAVORITE HOBBIES, INTERESTS, AND EXTRACURRICULAR ACTIVITIES?

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IN WHAT SCHOOL ACTIVITIES DO YOU ENJOY PARTICIPATING? (CLUBS, ORGANIZATIONS, PUBLICATIONS, DRAMATICS, ETC.)

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IN WHAT SPORTS DO YOU ENJOY BEING A PARTICIPANT AND/OR SPECTATOR?

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WHAT SPECIAL RECOGNITION, AWARDS, OR HONORS HAVE YOU RECEIVED?

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PLEASE TELL US ANYTHING ELSE ABOUT YOURSELF YOU WOULD LIKE US TO KNOW.

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APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_