

ST. MARTIN LUTHERAN CHURCH AND SCHOOL

School Vision Statement: Through God's Word St. Martin Lutheran School motivates students to live out their faith, equip them to enter any vocational calling, and reaches out to the greater Clintonville community with the Gospel.

APPLICATION FOR ENROLLMENT

INSTRUCTIONS: Please answer all questions below, and return this application as soon as possible, but definitely within 15 days. A \$50.00 per family registration fee required. At the time of registration in August, your \$50.00 will be subtracted from your tuition. If you decide not to attend St. Martin Lutheran School after registering, the fee is non-refundable.

Wisconsin State Law is requiring schools to get your child's birth date, city where born, county where born and state where born for state aid programs for school districts. Our school is asking for you to fill out the attached form to satisfy this request.

Appreciating the educational advantages offered by a Christian School, we hereby request that our child be enrolled as a student of St. Martin.

Date of Application _____ Grade: _____ School Year: _____

Gender: _____ School District: _____

Child's Name _____ Age: _____
(first) (middle) (last)

Address: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Birth Date _____ Baptism Date _____

Race: _____ Religion: _____

Are both parents living at home with this child? _____ (If no, explain on reverse side.)

Father Information

Name: _____ Cell Phone: _____

Address: _____

Name of church where Member: _____

Occupation: _____ Work Phone: _____

Email Address: _____

Mother Information

Name: _____ Cell Phone: _____

Address: _____

Name of church where Member: _____

Occupation: _____ Work Phone: _____

Email Address: _____

Brothers & Sisters of Applicant

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

If you are not a member of St. Martin Lutheran Church, by whom were you recommended or how did you find out about St. Martin Lutheran School?

If you are not a member of a Lutheran Church-Missouri Synod Church, would you be interested or willing to attend a series of discussions on the doctrines and teachings of the Lutheran Church? _____
(Attendance at these discussions does not obligate you to become a member nor does it affect your enrollment status).

Your reason for wishing to enter St. Martin School/Preschool :

In order to help us better understand your child, please list any learning difficulties, disabilities or handicaps your child has. All information is held in strictest confidence.

Please give name, address, phone number, and relationship to the student of anyone who should receive Progress Reports and Report Cards.

Additional Comments:

PRESCHOOL ENROLLMENT -- Please fill out the form and return to the office as soon as possible due to space restriction to reserve a spot. A letter will be mailed to you in July regarding school registration and payment to be made at that time.

- Preschool (3&4 year old program) is on Tuesdays and Thursdays with AM programs
- 4K (4&5 year old program) is on Mondays, Wednesdays, and Fridays with AM & PM programs

Check PROGRAM ENROLLMENT PREFERENCE:

Preschool program:

8:00-10:00 _____ 10:15-12:15 _____ No preference _____

4K program (must be 4 on or before Sept. 1)

AM program (8:00 –11:00 a.m.) _____

PM program (12:00 – 3:05 pm) _____

No preference _____

Parent's Signature _____

OFFICE USE:

Date _____ Interviewed By _____

Accepted _____ Not Accepted _____ Conditionally Accepted _____

Admitted to Grade _____ Payment Received _____ Check # & Amount _____

**ANNOTATION OF BIRTH FACTS ABSTRACTED FROM
CERTIFIED COPY OF BIRTH CERTIFICATE**

This form needs to be filled out by Kindergarteners and New Students entering in Gr. 1-8. This form only needs to be filled out once as long as you are attending St. Martin Lutheran School.

Name of School or District _____

It is illegal in the State of Wisconsin to photocopy a vital record and use it as legal proof of birth.
We are asking you to fill the information in below for each student. Please bring this form along with your child's birth certificate to the school office for us to verify or bring it to registration day.

The following birth facts were abstracted from a certified copy of a birth certificate (with registrar's raised seal, signature, date of issuance, and watermark) :

Child's Name (First Name)	(Full Middle Name)	(Last Name)	(Title, e.g., Jr.)
Date of Birth (Month, Day, Year)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth Country <input type="checkbox"/> USA or Specify:	State	City, Village, Town	County

OFFICE USE

Verification Date: _____

Verification and documentation of Date of Birth: Yes No