Saint Mark Lutheran School
K a n e o h e , H a w a i i

Applicant's Name _____ Applying to grade _____
                       First   Middle Initial   Last

APPLICATION FOR ADMISSION

Please return the completed application to:

Saint Mark Lutheran School
45-725 Kamehameha Highway
Kaneohe, HI 96744

Date _____   Current Grade: _____   Applying for grade: _____

Applicant Information

Please attach

a recent photo

of the applicant.

(Optional)

First Name: _____

Full Middle Name: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: (_____) _____

Gender: __ Male __ Female   U.S. Citizen: __Yes __No   Social Security #: _____-_____-_____

Age: _____ Date of Birth: _____ Birthplace: _____

Church Affiliation: _____ City: _____ Is he/she baptized?: __ yes __ no

Current School: _____ City: _____

Father/Guardian #1

Last Name: _____ First: _____ Middle: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Place of Employment: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

E-mail: _____

Parent Status: __Biological Parent   __Step Parent   __Legal Guardian   __Adoptive Parent   __Other

Marital Status: __Married   __Separated   __Divorced   __Single   __Widowed

Mother/Guardian #2

Last Name: _____ First: _____ Middle: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Place of Employment: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

E-mail: _____

Parent Status: __Biological Parent   __Step Parent   __Legal Guardian   __Adoptive Parent   __Other

Marital Status: __Married   __Separated   __Divorced   __Single   __Widowed

Applicant resides with: _____

List all the previous schools attended by candidate, along with years of attendance and grade levels:

Name of school	Years Attended	Grade Levels Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other children in family:

Name	Present School/College	Grade	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parents, siblings or other close relatives who have been or who are Saint Mark students:

Name	Relationship	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate any special circumstances or considerations which may affect the educational progress of the applicant:
(extensive travel, illness, prescription medications, grades skipped, grades repeated, learning disabilities, etc.)

_____
_____
_____
_____
_____

How did you initially learn about Saint Mark Lutheran School?

__I am a St. Mark Member   __Radio   __Through a Friend   __Yellow Pages   __Newspaper

__Direct Mailing   __Web Site   __Other _____

Why did you choose to apply at our school?

_____
_____
_____
_____

Signature of Parent/Guardian: _____ Date:_____

A non-refundable application fee of $ 75.00 must accompany this application.
Make check payable to: Saint Mark Lutheran School