

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 (Please check all that apply)?

Through a Friend Saint Mark Church Radio Ad Newspaper Ad Direct Mailer Ad Signage
 Saint Mark Website Other Website: _____ 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***