APPLICATION FOR ADMISSION
Early Learning Program

Applicant’s Name ______________________________________________________________   Applying to grade __________
First                                Middle Initial                              Last                                PK3 or PK4

Please return the completed application to:
Saint Mark Lutheran School
45-725 Kamehameha Highway
Kaneohe, HI 96744

FOR OFFICE USE ONLY:
— Application Fee
— Test Letter Result
— Enrollment Fee
Applicant Information

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:

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<tr>
<th>Name of school</th>
<th>Years Attended</th>
<th>Grade Levels Attended</th>
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List other children in family:

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<thead>
<tr>
<th>Name</th>
<th>Present School/College</th>
<th>Grade</th>
<th>Age</th>
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Parents, siblings or other close relatives who have been or who are Saint Mark students:

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Dates of Attendance</th>
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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