APPLICATION FOR ADMISSION
K-8 Program

Applicant’s Name _______________________________________________________________
Applying to grade _________
First          Middle Initial          Last

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

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:

<table>
<thead>
<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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<thead>
<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