

# ST. MARTIN-IN-THE-FIELDS SCHOOL

## APPLICATION FOR ENROLLMENT

PLEASE PRINT OR TYPE. PLEASE RETURN THIS FORM ALONG WITH A RECENT REPORT CARD OR TEACHER EVALUATION AND MOST RECENT STANDARDIZED TEST RESULTS (if applicable).

Date \_\_\_\_\_ School Currently Attending \_\_\_\_\_

This application is for:  Preschool  Kindergarten  Grade \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  Boy  Girl

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

Are parents  Divorced?  Separated? If yes, please give:

Father's Address \_\_\_\_\_

Mother's Address \_\_\_\_\_

Tuition bill should be mailed to: \_\_\_\_\_

Child lives with:  Both Parents  Father  Mother  Other (relationship) \_\_\_\_\_

Child's Previous School Experience (list most recent first, including present school):

Year(s)	Grade(s)	Name of School	City and State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of Brothers \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_

Names of Sisters \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_

Religious affiliation \_\_\_\_\_

**HEALTH INFORMATION**

The California School Immunization Law requires that children be up-to-date on their immunizations to attend school or childcare. To find out current immunization requirements, or if you have any questions about immunizations, please contact your child's Doctor.

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**GENERAL INFORMATION**

Why did you choose St. Martin's School for your child?

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How did you hear about St. Martin's School?

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Reason for leaving last school?

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Person, other than parent or guardian, who may be notified in case of Emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Child's physician \_\_\_\_\_ Telephone \_\_\_\_\_

St. Martin-in-the-Fields Episcopal School admits students of any race, religion, or national or ethnic origin and does not discriminate in the administration of its educational policies, admission policies, or other school administered programs.

In signing this form you are granting permission for us to contact your child's previous schools.

Signed:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Print name

Date: