



St. Martin Lutheran School for the Deaf APPLICATION FOR ADMISSION.

TO BE COMPLETED BY PARENT/GUARDIAN:

Grade Entering

Date of Application: _____

K 1 2 3 4 5 6 7 8

Applicant's Name: _____

Last Name

First Name

Middle Name

Gender: Male Female Primary Phone: _____

Primary Address: _____

Street

City

State

Zip

Date of Birth: _____ Place of Birth: _____

City

State

Country

Date of Baptism and Church: _____

Religion: _____

Are you practicing, that is, do you attend more than twice a month? (Circle one) yes/ no

Place of worship

Name

City

State

School Applicant Now Attends: _____

School District of Residence: _____

Allergies: _____

FAMILY INFORMATION:

Siblings: (Please print or type)

Name	M/F	Age	Birthdate	Current Grade	Current School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Father/Stepfather/Guardian *(Please circle one)*

Mother/Stepmother/Guardian *(Please circle one)*

Last: _____ First _____ Middle _____

Last _____ First _____ Middle _____

Address _____
(If different than applicant)

Address _____
(If different than applicant)

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____ Cell # _____

Phone _____ Cell # _____

E-mail _____

E-Mail _____

Status (Please circle): Married Single Divorced Deceased

Status (Please circle): Married Single Divorced Deceased

Place of Birth _____

Place of Birth _____

Religion _____ U.S. Citizen ____Y ____N

Religion _____ U.S. Citizen ____Y ____N

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Work E-mail _____

Work E-Mail _____

Spouse (if not mother) _____

Spouse (if not father) _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Phone _____ Cell # _____

Work Phone _____ Cell # _____

Work E-mail _____

Work E-mail _____

Who is responsible for the Registration Fees? _____

Who should receive all school correspondence? _____

How did you hear/learn about our school? _____

Do you know anyone currently attending or who has attended St. Martin? ____Y____N If yes, please list
Name (and year attended if known). _____

My signature below attests to the fact that I have accurately represented my family and child on this application.

SIGNATURE OR PARENT/GUARDIAN _____ **DATE** _____

- a) Please understand that if your family receives notification of admission acceptance, a \$350.00 registration fee will be required to reserve your child's place in the class.

Please return this application to:

St. Martin Lutheran School for the Deaf
1860 Korte St.
Hartland, MI 48353

***If you need further information or have any questions
Please call (313)241-6383***