

**ST. MARTIN LUTHERAN CHURCH AND SCHOOL**  
A community of God's People – Formed by God's kindness in Christ  
Treasuring the traditions of the past – Embracing the challenges of the future  
Exhibiting integrity and excellence.

**APPLICATION FOR ENROLLMENT**

**INSTRUCTIONS:** Please answer all questions below, and return this application as soon as possible, but definitely within 15 days.

A \$50.00 per family registration fee required. At the time of fall re-registration, your \$50.00 will be subtracted from your tuition. If you decide not to attend St. Martin Lutheran School after registering, the fee is non-refundable.

Wisconsin State Law is requiring school's to get your child's birth date, city where born, county where born and state where born for state aid programs for school districts. Our school is asking for you to fill out the attached form to satisfy this request.

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Appreciating the educational advantages offered by a Christian School, we hereby request that our child be enrolled as a student of St. Martin.

Date of Application \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Birth Date \_\_\_\_\_ Baptism Date \_\_\_\_\_

Are both parents living at home with this child? \_\_\_\_\_ (If no, explain on reverse side.)

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<p><b><u>Father Information</u></b></p> <p>Name: _____ Phone: _____</p> <p>Address: _____</p> <p>Name of church where Church Member: _____</p> <p>Occupation: _____ Work Phone: _____</p>
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**Mother Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of church where Church Member: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Brothers & Sisters of Applicant**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you are not a member of St. Martin Lutheran Church, by whom were you recommended?

If you are not a member of a Lutheran Church-Missouri Synod Church, would you be willing to attend a series of discussions on the doctrines and teachings of the Lutheran Church? \_\_\_\_\_  
Attendance at these discussions does not obligate you to become a member.

Your reason for wishing to enter St. Martin School/Preschool :

In order to help us better understand your child, please list any disabilities or handicaps your child has. All information is held in strictest confidence.

Please give names, address, phone number, and relationship to the student of anyone who should receive Progress Reports and Report Cards.

Additional Comments:

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**PRESCHOOL ENROLLMENT** -- Please fill out the form and return to the office as soon as possible due to space restriction to reserve a spot. A letter will be mailed to you in July regarding school registration and payment to be made at that time.

- 3&4 year old program is on Tuesdays and Thursdays with AM programs
- 4&5 year old program is on Mondays, Wednesdays, and Fridays with AM & PM programs

**PROGRAM I WANT MY CHILD(REN) ENROLLED IN:**

3&4 year old program:  
8:00-10:00 \_\_\_\_\_ 10:15-12:15 \_\_\_\_\_

4&5 year old program (must be 4 on or before Sept. 1)  
AM program (8:30 –11:00 a.m.) \_\_\_\_\_  
PM program (12:30 – 3:00 pm) \_\_\_\_\_

No preference \_\_\_\_\_

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Parent's Signature \_\_\_\_\_

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**OFFICE USE:**

Date \_\_\_\_\_ Interviewed By \_\_\_\_\_

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_ Conditionally Accepted \_\_\_\_\_

Admitted to Grade \_\_\_\_\_ Payment Received \_\_\_\_\_ Check # & Amount \_\_\_\_\_

**ANNOTATION OF BIRTH FACTS ABSTRACTED FROM  
CERTIFIED COPY OF BIRTH CERTIFICATE**

Name of School or District \_\_\_\_\_

**It is illegal in the State of Wisconsin to photocopy a vital record and use it as legal proof of birth. We are asking you to fill the information in below for each student. Please bring this form along with your child's birth certificate to the school office for us to verify.**

**The following birth facts were abstracted from a certified copy of a birth certificate (with registrar's raised seal, signature, date of issuance, and watermark) which was presented /sent to me:**

1. Child's Name (First Name)	: (Full Middle Name)	: (Last Name)	: (Title, e.g., Jr.)
2. Date of Birth (Month, Day, Year)		3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Name of Mother Listed (First Name)	: (Middle Name)	: (Last Name)	
5. Name of Father Listed (First Name)	: (Middle Name)	: (Last Name)	
6. Place of Birth Country <input type="checkbox"/> USA or Specify:	: State	: City, Village, Town	: County
7. Certified Copy of Birth Certificate Issued by <input type="checkbox"/> State Registrar Office <input type="checkbox"/> Local Registrar Office: <input type="checkbox"/> U.S. Dept of State (FS 240 or DS 1350): <input type="checkbox"/> Other (Foreign Country):			8. Date of Issuance (Month, Day, Year)
9. Date Certified Copy of Birth Certificate Presented to Office (Month, Day, Year)	10 Certified Copy of Birth Certificate Presented/Sent by (Name of Parent or Other Person)		
Certification Statement:  <b>I affirm that, to the best of my knowledge and belief, I accurately abstracted the information listed on this form from a <u>certified copy</u> of the birth certificate presented as proof of identity for the above-listed child. I returned the certified copy of the birth certificate to the person who presented it/sent it.</b>			
Signature		Date Signed (Month, Day, Year)	
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OFFICE USE

**Verification Date:** \_\_\_\_\_

**The school staff should verify the following features of the legal certified copy before accepting it as a legal copy of the birth certificate:**

**Check all three before accepting this document:**

- Raised Seal of Registrar (not a notary seal on a photocopy)**
- Signature of Official that Issued Certificate and Date of Issuance**
- Watermark (chain link which can be seen when held up to the light, issue date 2000 and after)**