

ST. MARTIN LUTHERAN CHURCH AND SCHOOL

School Vision Statement: Through God's Word St. Martin Lutheran School motivates students to live out their faith, equip them to enter any vocational calling, and reaches out to the greater Clintonville community with the Gospel.

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 registration in August, 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 schools 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.

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: _____

Gender: _____ School District: _____

Child's Name _____ Age: _____
(first) (middle) (last)

Address: _____ Zip Code: _____

Home Telephone: _____

Birth Date _____ Baptism Date _____

Race **: _____ Ethnicity: (circle) ~ Non-Hispanic Hispanic

Religion: _____

Food Allergies: _____

Medical Allergies or Conditions: _____

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

PRESCHOOL/4K 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.

- Preschool (3&4 year old program) is on Tuesdays and Thursdays. (must be potty trained and 3 on or before Sept. 1)
- 4K (4&5 year old program) is on Mondays, Wednesdays, and Fridays. (must be 4 on or before Sept. 1)

Check PROGRAM ENROLLMENT PREFERENCE:

Preschool program:

8:00-10:00 _____ 10:15-12:15 _____ No preference _____

4K program (must be 4 on or before Sept. 1)

AM program (8:00 –11:00 a.m.) _____

PM program (12:00 – 3:05 pm) _____

No preference _____

Parent's Signature _____

Father Information

Name: _____ Cell Phone: _____

Email Address: _____ Cell Phone Carrier: _____

Address: _____

Name of church where Member: _____

Occupation: _____ Work Phone: _____

Mother Information

Name: _____ Cell Phone: _____

Email Address: _____ Cell Phone Carrier: _____

Address: _____

Name of church where 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 or how did you find out about St. Martin Lutheran School?

If you are not a member of a Lutheran Church-Missouri Synod Church, would you be interested or 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 nor does it affect your enrollment status).

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

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

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

Additional Comments:

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

This form needs to be filled out by Kindergarteners and New Students entering in Gr. 1-8. This form only needs to be filled out once as long as you are attending St. Martin Lutheran School.

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 or bring it to registration day.

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) :

Child's Name (First Name)	(Full Middle Name)	(Last Name)	(Title, e.g., Jr.)
Date of Birth (Month, Day, Year)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth Country <input type="checkbox"/> USA or Specify:	State	City, Village, Town	County

OFFICE USE

Verification Date: _____

Verification and documentation of Date of Birth: ___ Yes ___ No

**** Race Chooses:**

American Indian – Alaskan native
Asian
Black – African American
Native Hawaiian – Pacific Islander
Hispanic/Latino
2 or more Races
White

Please answer the following questions by circling the answer that best describes your household.

Question 1: Can the student access the internet on their primary learning device at home?

Yes

No - Not Available

No - Not Affordable

No - Other

Question 2: What is the primary type of internet service used at the residence?

Residential Broadband (e.g. DSL, Cable, Fiber)

Cellular Network

School Provided HotSpot

Satellite

Dial-up

Other

None

Question 3: Can the student stream a video on their primary learning device without interruption?

Yes - No issues

Yes - But not consistent

No

Question 4: What device does the student most often use to complete school work at home?

Desktop/Laptop

Tablet

Chromebook

SmartPhone

None

Other

Question 5 & 6: Is the primary learning device a personal device or school-provided? Is the primary learning device shared with anyone else in the household?

Personal - Dedicated (dedicated device for the student)

Personal - Shared (sharing device with others in the household)

School Provided - Dedicated

School Provided - Shared

None