



**Saint Mark Lutheran School**  
K Ā N E ' O H E , H A W A I ' I

Applying to grade \_\_\_\_\_  
PK3 or PK4

Applying to school year \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
First Middle Initial Last

## APPLICATION FOR ADMISSION Early Learning Program

**FOR OFFICE USE ONLY:**

Application Fee  
 Test Letter Result \_\_\_\_\_  
 Enrollment Fee

Please return the completed application to:

Saint Mark Lutheran School  
45-725 Kamehameha Highway  
Kaneohe, HI 96744

Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Applying for grade: \_\_\_\_\_  
PK3 or PK4

Applying to school year: \_\_\_\_\_

### 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

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:**

Name of school	Years Attended	Grade Levels Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List other children in family:**

Name	Present School/College	Grade	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Parents, siblings or other close relatives who have been or who are Saint Mark students:**

Name	Relationship	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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***