



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

Applying to grade _____

K to 8

Applying to school year _____

Applicant's Name _____
First Middle Initial Last

APPLICATION FOR ADMISSION K-8 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: _____
K to 8

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***