

Student Last Name: _____
DOB: _____

AMERICAN MARTYRS SCHOOL PONY – 8th APPLICATION (2019 – 2020)

OFFICE USE ONLY	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Test Fee _____
<input type="checkbox"/> Baptism	<input type="checkbox"/> Health Record
Screening Date _____	Screening Time _____

Date of Application: _____

Applying for Grade: _____

Please Note: Kinder (Must be age 5 by 9/1/19) and Pony (must be age 5 by 12/3/19)

PARISH INFORMATION

Are you registered in American Martyrs Parish?

Yes No

How many years have you been a registered, active member?

AMS Church envelope or Faith Direct number: _____

If not part of AMS, which Parish are you registered?

Do you and your child regularly attend Sunday Mass?

Yes No

If not Catholic, what faith is your child? _____

Have you or any member(s) of your family attended AMS?

Yes No

Name(s) _____

Year(s): _____

FAMILY PHOTOGRAPH

APPLICANT INFORMATION

Legal Last Name: _____

First: _____ Middle: _____

Name you would like child called: _____

Ethnicity: _____

Address: _____

(Street, City, State, and ZIP)

Phone (most accessible): _____

Male Female Age: ___ Mos ___ Date of Birth: _____ Place of Birth: _____

SACRAMENTAL INFORMATION (Please Provide Copies)

Date of Baptism: _____ Verified

Church of Baptism: _____ City/State: _____

Date of 1st Communion: _____ Verified

Church of Communion: _____ City/State: _____

FAMILY INFORMATION:

Father

Name: _____
(First, Middle Last)

Mother

Name: _____
(First, Maiden, Last)

Marital Status: _____

Marital Status: _____

Place of Birth: _____

Place of Birth: _____

Religion: _____

Religion: _____

Occupation: _____

Occupation: _____

Employed By: _____

Employed By: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

Email Address: _____

Cell Phone: _____

Cell Phone: _____

Please list all adults and children living at home with applicant:

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

Child's Present/Previous School: _____

City: _____ State: _____ ZIP: _____

Has your child previously attended Kindergarten?

Yes No

May we contact the child's current teacher for recommendation?

Yes No

Name of teacher: _____ Phone: _____

Religious Education Attendance:

Yes No

If "Yes", where: _____

Names and grades of other family children applying:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

If you have more than one child applying, would you be willing to send only one child if we are unable to accommodate the others?

Yes No

List ways you have been active in American Martyrs Parish:

Why do you wish to enroll your child in American Martyrs School?

How do you plan to contribute your time and talent to American Martyrs Community?

Do you have any other family background information about your child or family that you would like to add?

Please add any information that might be pertinent in helping us evaluate this application.