



"The glory of God is man fully alive"

APPLICATION FORM

Date: ___/___/___

Grade: ___

Year Entering: _____

STUDENT INFORMATION

Last Name: _____ First: _____ Middle: _____

Gender (circle): M F

Date of Birth: ___/___/___

Street Address: _____ City: _____ Zip: _____

Current School: _____ School Phone: _____

Parish: _____

Residential School District: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian: _____ Home Phone: _____

Father's Email: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Father's Profession: _____ Religion: _____

Mother/Guardian: _____ Home Phone: _____

Mother's Email: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Mother's Profession: _____ Religion: _____

Marital Status (circle): Married Separated Widowed Divorced Other _____

SIBLING INFORMATION

Name	Gender	Birth date	Current School	Grade

APPLICATION CHECKLIST

Report cards, test results, and transcripts forwarded to Martin Saints Classical High School? Y N

Date requested from current school: ___/___/___

Student Questionnaire completed? Y N

Parent Questionnaire completed? Y N

Teacher recommendations (2) requested? Y N

Registration Fee of \$100.00 enclosed with application? Y N

Would you like to receive financial assistance application forms? Y N

(Financial assistance applications are due March 31st.)

Father/Guardian Signature: _____

Mother/Guardian Signature: _____

The Martin Saints Classical High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



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STUDENT QUESTIONNAIRE

Applicant's Name: _____

1. What are your favorite subjects in school and why? _____

2. What do you like to read and why? _____

3. Who are the people you admire most and why? _____

4. Do you play a musical instrument or have you ever sung in a choir? If so, when and for how long?

5. Have you ever studied a foreign language? If so, when and for how long? _____

6. Is there anything else that you would like us to know about you? (Optional) _____

7. On a separate sheet of paper, please write an essay of at least 200 words on **ONE** of the following topics:

- a. What do you think are some of the challenges of being a young Christian in today's society?
- b. What do you think is the most significant challenge facing the United States today?



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PARENT QUESTIONNAIRE

Applicant's Name: _____

To be completed by the applicant's parent or guardian. Attach pages if necessary.

1. Please describe why you want your child to attend Martin Saints Classical High School.

2. Please describe the applicant's strengths and weaknesses.

3. Has your child ever been diagnosed as having a learning disability or any other physical, educational, or psychological challenges requiring additional assistance? List here. (Upon acceptance to Martin Saints, you will be asked to provide documentation: ex. Psychological Report, IEP, medical diagnosis, etc.)

4. In what extra-curricular activities would your child be interested?

5. Is there anything else that you would like us to know about your child? (Optional)



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TRANSCRIPT RELEASE FORM

Dear Parent or Guardian:

Please complete and sign the bottom portion of this form and give the entire form to the guidance office at the school your child currently attends.

If your child is home schooled, please provide grades, standardized test results, and evaluator assessments for the current and previous school years.

Dear Registrar or Guidance Counselor,

The student named below is a candidate for admission to Martin Saints Classical High School. In order to evaluate his/her application, copies of report cards, standardized test results, and transcript records are needed for the current and previous school years.

Please send transcript material to:

**Martin Saints Classical High School
Office of Admissions
120 Allison Rd
Oreland, PA 19075
Phone: 267-495-4865**

I authorize the release of report cards, standardized test results, and transcript records for the current and previous school years to Martin Saints Classical High School for:

Student Name: _____

Current Address: _____

Current Grade: _____

Date: _____

Parent Signature: _____

Parent Name (please print): _____

