



SAINT MARTHA SCHOOL
 440 N. Azusa Ave., Valinda, CA 91744
 Tel: (626) 964-1093 FAX: (626) 912-2014

APPLICATION

PLEASE PRINT THE FOLLOWING INFORMATION

FAMILY INFORMATION

Father's Name _____

Mother's Name _____

Address _____

Parish _____ Envelope Number _____

How did you hear about St. Martha School? Friend/Family Advertisement Other _____

Father/Guardian Information

Birthplace: _____

Ethnicity: _____

Religion: _____

Marital Status: _____

Child living with you? Yes No

Employer: _____

Business Address:: _____

Occupation: _____

Work #: _____

Home #: _____

Mobile #: _____

Email Address: _____

Mother/Guardian Information

Birthplace: _____

Ethnicity: _____

Religion: _____

Marital Status: _____

Child living with you? Yes No

Employer: _____

Business Address:: _____

Occupation: _____

Work #: _____

Home #: _____

Mobile #: _____

Email Address: _____

LEGAL NAME OF STUDENT APPLYING — GRADES TK-8

Name _____

Gender: Male Female Birth Date: _____ Place of Birth: _____ Grade in September _____

Has the child been baptized? Yes No Date of Baptism: _____ Church: _____
Church Name, City and State

First Communion? Yes No Date of First Communion: _____ Church: _____
Church Name, City and State

NAME & ADDRESS OF CURRENT SCHOOL ATTENDING:

Important Tuition Information: Tuition payments are made from July thru May by debit from your checking/savings to FACTS. No tuition payments are made directly to the school. You may choose to pay on the 5th or 20th of the month. There is \$35.00 return fee from FACTS for tuition payment returned.

Bills will be paid by: Name _____ SSN#: _____ Phone: _____

Address: _____

Signature Required: _____ Date _____

OFFICE USE ONLY: BC ____ Bap ____ 1st com ____ IMM ____ Health Form ____ Report Card ____ Facts Contract ____