



The Little School-St. Martin's Episcopal Church

2216 Metairie Road

Metairie, LA 70001

504-835-9964

Application

Child's Age _____ Date of Birth _____ Sex _____ Application for School Year _____

Child's Full Name _____ Name Used _____

Home Telephone _____ Religious Affiliation _____
Church Attending _____

Child's Address _____ Zip _____

Parents' Full Names _____ Name Used _____

Father's

_____ Name Used _____

Mother's

Parents' Address(if different from child's) _____

Street _____ City _____ Zip _____

Father's Occupation _____ Telephone _____

E-mail Address _____ Cell _____

Business Name and Address _____

Mother's Occupation _____ Telephone _____

E-mail Address _____ Cell _____

Business Name and Address _____

Child's Previous School _____

Name _____ Address _____

For 2 year old program only: 3Day _____ 5 days _____

Every attempt will be made to accommodate your choice of days. Ex.(T,TH,F)

Siblings: Yes _____ No _____ Ages: _____

Schools Siblings Attend _____

A NON-REFUNDABLE \$100.00 REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION. SIBLING AND CHURCH MEMBER PRIORITY REGISTRATION DUE BY DECEMBER 1ST.

IT IS AGREED THAT UPON ACCEPTANCE A NON-REFUNDABLE TUITION DEPOSIT WILL BE REQUIRED, AND AFTER THE CHILD ENTERS THE LITTLE SCHOOL, THE PARENTS WILL BE OBLIGATED FOR PAYMENT OF THE FULL YEAR'S TUITION.

DATE _____

Signature _____

Through whom did you become interested in the School? _____

School Use Only: Reg. Received _____ Reg. Fee _____ Ack. Sent _____ Apply to Year _____
Acceptance _____ Waiting List _____
Withdrew _____ Sibling _____ Church _____ Alum _____ Holdover _____