



Dear Prospective Master's School Family,

Thank you for your interest in The Master's School of San Marcos. We welcome your application for admission to our school. The procedure for application includes the following steps:

1. Complete the Application for Admission form and return it to the office with the following:
  - \$100 Non-refundable Application Fee
  - Copy of Birth Certificate
  - Signed Statement of Faith
2. Complete the Permanent Records Request form and send it to your child's current or most recent school.
3. Request that two of your child's current or former teachers, one of whom must be the most recent, complete the Teacher Evaluation Form and mail them in the enclosed envelopes.
4. Your child will attend admission testing as scheduled by the school. The purpose of the admissions testing is to provide information to the Admissions Committee members to be used in determining whether the school's educational program and philosophy are compatible with your child's learning needs.
5. Both parents will attend a parent interview as scheduled by the school. This interview allows the school to learn of your goals for your child and your expectations of The Master's School, as well inform you of the school's goals and expectations. Information from this meeting will be considered by the Admissions Committee as part of the admissions process.

After these steps are completed, the Admissions Committee will meet to consider your child's application. This committee's goal is the admission of students who have the academic potential, maturity, and family commitment to experience long-term success in The Master's School. Once the admissions process is complete, you will receive a letter notifying you of the committee's decision regarding admission of your child. If you have any questions about the admissions process, please contact the school office.

Sincerely,

Brian Guenther  
Head of School

# The Master's School

O F S A N M A R C O S

1664 Centerpoint Road  
San Marcos, Texas 78666  
512.392.4322  
www.mastersschool.org

## FOR OFFICE USE :

Grade: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Fee: \_\_\_\_\_ Chk #: \_\_\_\_\_  
Testing: \_\_\_\_\_ Inter: \_\_\_\_\_

## Application for Admission

The mission of The Master's School is to provide its students with a challenging educational experience designed to help them know, love, and practice that which is true, good, and excellent and to prepare them to live purposefully and intelligently in the service of God and man.

### Student Information

Student: \_\_\_\_\_  
First Middle Last Name Used

(Please print name exactly as it should appear on all permanent records)

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of September 1<sup>st</sup>: \_\_\_\_yrs. \_\_\_\_mos.

Current grade: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

School applicant is attending or last attended: \_\_\_\_\_  
Name School District

Name of Parents/Guardians: \_\_\_\_\_  
Home Phone

Address: \_\_\_\_\_  
Street or Rural Route

City State Zip Code

Applicant lives with: (check all that apply) Parent's Email Address: \_\_\_\_\_

Father  Stepfather  Other \_\_\_\_\_  Mother  Stepmother  Other \_\_\_\_\_

### Parent/Guardian Information

Father/Guardian Occupation: \_\_\_\_\_ Mother/Guardian Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

### Sibling Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Family's Church: \_\_\_\_\_

**Acceptance of application will be determined by the Admissions Committee based on formal admissions testing, student achievement, and parent interview. I verify that all information provided on the above form is true and correct.**

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

### NOTICE OF NON-DISCRIMINATION POLICY

The Master's School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, financial aid or employment policies, or any other programs administered by the school.

## Statement of Faith

The Master's School is dedicated to our Lord and Savior, Jesus Christ. The school provides an environment in which Christ's love and example are evident in the actions and attitudes of faculty, staff and students. The faculty and staff of the school seek to foster in students a personal relationship with Christ along with a love, knowledge, and understanding of God's word, the Bible. The school also endeavors to impart godly character to its students.

1. We believe that the Scriptures are the very Word of God in their entirety and, therefore, are our authority in matters of faith and practice.
2. We believe in one God, Creator of the universe, eternally existing in the persons of the Father, the Son, and the Holy Spirit, who created man in His own image.
3. We believe that when man disobeyed God, he fell from grace and brought sin into the world.
4. We believe that Jesus Christ was conceived by the Holy Spirit, born of the Virgin Mary, crucified for sin, and raised from the dead in eternal victory over sin. Whoever believes in Christ's death, burial and resurrection, and follows him receives eternal life with God.

I have read and understand that the Statement of Faith of The Master's School of San Marcos represents the school's dedication to Christ as the Master and forms the basis for the its instructional perspective and environment.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

**The Master's School**  
**1664 Centerpoint Road**  
**San Marcos, TX 78666**  
**(512) 392-4322 FAX (512) 754-6017**

Permanent Records Request for \_\_\_\_\_

Please release my child's transcripts of grades, health records, and all standardized test scores to:

The Master's School  
1664 Centerpoint Road  
San Marcos, Texas 78666  
Fax: 512-754-6017

Student's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_



# The Master's School

O F S A N M A R C O S

Mail completed form to: 1664 Centerpoint Road, San Marcos, Texas 78666

## TEACHER EVALUATION

Applicant's Name \_\_\_\_\_

Grade Level \_\_\_\_\_

Please assess the above names student in relation to peers at present school:

Academic Performance	Superior	Good	Average	Below Average	Poor
Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Language Arts skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facts/Computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts/problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is English the student's primary language	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Has outside help been recommended: \_\_\_\_\_ Been given? \_\_\_\_\_

By whom: \_\_\_\_\_

Please elaborate: \_\_\_\_\_

### Study Habits

Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work in time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment: \_\_\_\_\_

### Personal Characteristics

Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment: \_\_\_\_\_

Prediction of applicant's success  
in present school

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**Applicant's Name**

Please make a short comment on the following:

Applicant's quality of mind (keenness, originality, imagination): \_\_\_\_\_

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Applicant's social and/or emotional development as compared with that of others of the same chronological age:

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Limitations, disabilities or special needs: \_\_\_\_\_

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Has outside support be recommended: \_\_\_\_\_ Been given: \_\_\_\_\_ Please explain:

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Greatest strength: \_\_\_\_\_

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Participation in extra-curricular activities: \_\_\_\_\_

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Special comment: \_\_\_\_\_

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This student has been enrolled in this school for \_\_\_\_\_ years. I have known student for \_\_\_\_\_ years.

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SIGNATURE

POSITION

DATE

---

SCHOOL

ADDRESS

TELEPHONE

---

CITY

STATE

ZIP CODE





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**Applicant's Name**

Please make a short comment on the following:

Applicant's quality of mind (keenness, originality, imagination): \_\_\_\_\_

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Applicant's social and/or emotional development as compared with that of others of the same chronological age:

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Limitations, disabilities or special needs: \_\_\_\_\_

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Has outside support be recommended: \_\_\_\_\_ Been given: \_\_\_\_\_ Please explain:

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Greatest strength: \_\_\_\_\_

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Participation in extra-curricular activities: \_\_\_\_\_

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Special comment: \_\_\_\_\_

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This student has been enrolled in this school for \_\_\_\_\_ years. I have known student for \_\_\_\_\_ years.

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