

The Master's School

P.O. Box 707
San Marcos, Texas 78667-0707
512-392-4322

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:
\$100.00 Application Fee (non-refundable)
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's Evaluation Form* and mail them in the enclosed envelopes.
4. Your child will attend admissions 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 as inform you of the school's goals and expectations. Information from this meeting will be considered by the Admissions Committee a part of the admissions process.

After each of these steps is completed, the Admissions Committee will meet to consider your child's application. This committee has as its goal 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 admission process, please contact the school office.

Sincerely,



Beth Heatwole
Principal

Rev. 01-07

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY:

THE MASTER'S SCHOOL

P. O. Box 707
San Marcos, TX 78667-0707
512- 392-4322

Grade: _____
Date received: _____
Fee: _____
Check #: _____

Applicant: _____
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 1st: ____ yrs. ____ mos.

Current grade: _____ Applying for grade: _____

School applicant is attending or last attended: _____
Name School District

Name of Parents or Guardians: _____
Home Phone

Present Address: _____
Street or Rural Route

City State Zip Code

Applicant lives with: *(check all that apply)*

Check any that apply: Applicant's:

Father Stepfather Other _____

Father is deceased Parents are divorced

Mother Stepmother Other _____

Mother is deceased Parents are separated

Father's Occupation: _____

Mother's Occupation: _____

Business Name: _____

Business Name: _____

Business Address: _____

Business Address: _____

Business Telephone: _____

Business Telephone: _____

Sibling(s):

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Family's Church: _____

Mother's or Guardian's Signature: _____

Father's or Guardian's Signature: _____

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.

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STATEMENT OF FAITH

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. He is undiminished deity and genuine humanity in one person.
5. We believe that the Holy Spirit is a personal Being who convicts the world of sin and who regenerates, indwells, empowers, guides and seals believers eternally for God.
6. We believe that the regeneration by the Holy Spirit is absolutely necessary for the salvation of lost sinners, and those who receive the Lord Jesus Christ by faith are born again into the family of God.
7. We believe that the family of God is the church, which is the body of believers of which Christ is the head.
8. We believe that Heaven is the abode of God and the place of eternal joy for the saved, and that Hell is the place of eternal punishment of separation from God for the lost.

I have read and am in accordance with the above Statement of Faith of The Master's School of San Marcos.

Signature of parent _____ Date _____

Signature of parent _____ Date _____

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Permanent Records Request

Students Name _____

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

The Master's School of San Marcos
P. O. Box 707
San Marcos, Texas 78667-0707

Parent's Signature _____

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Teacher Evaluation Form

Student's Last Name	First	Middle
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Address	City	State	Zip Code
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School Presently Attending	Location
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To the Parent or Guardian:

Please read and sign the following statement before giving this form to your child's teacher.

I understand and agree that the information contained on this form will be used in the admission of applicants to The Master's School of San Marcos. I also understand that the completed form will not be made available to me or to anyone outside The Master's School of San Marcos. I do hereby waive the right to the completed evaluation form.

Parent or Guardian

Date

To the Teacher:

This form is used by the Admissions Committee of The Master's School of San Marcos. Please mail the completed form directly to The Master's School of San Marcos. Thank you.

Rev. 02-04

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Teacher Evaluation Form – Confidential application for grade 1 and above.

Applicant's Name _____

Grade Level _____

Please assess the above named 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 his 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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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APPLICANT'S NAME _____

Please make a short comment on the following:

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

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

Limitations, disabilities, or special needs: _____

(Has outside support been recommended? _____ Been given? _____ Please explain.)

Greatest strength: _____

Participation in extra-curricular activities: _____

Special comment: _____

This student has been enrolled in this school for _____ years. I have known him for _____ years.

SIGNATURE

POSITION

DATE

SCHOOL

ADDRESS

TELEPHONE

CITY

STATE

ZIP CODE