

***A \$50 non-refundable deposit is due with this Application.**

*Please include the student's most recent report card and standardized testing with this application.

ST. MARK'S SCHOOL
Application for Enrollment

Date _____
School Year 20_____/20_____

CHILD'S NAME _____ AGE _____ SEX _____ GRADE ENTERING _____
(Last) (First) (Middle)

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
(Month) (Day) (Year)

RELIGION _____ SIBLINGS: M F DOB _____ SIBLINGS: M F DOB _____

Has Child been placed on an IEP or 504 Plan? Y N SIBLINGS: M F DOB _____

ALLERGIES _____

PARENTS: Primary Contact
FATHER'S NAME _____
HOME ADDRESS (if different from above) _____
HOME PHONE (if different from above) _____
PLACE OF BIRTH _____
RELIGION _____
OCCUPATION _____
BUSINESS ADDRESS _____
PHONE _____

Primary Contact
MOTHER'S NAME _____
HOME ADDRESS (if different from above) _____
HOME PHONE (if different from above) _____
PLACE OF BIRTH _____
RELIGION _____
OCCUPATION _____
BUSINESS ADDRESS _____
PHONE _____

PARENTS: MARRIED _____ DIVORCED _____ SEPARATED _____ REMARRIED _____

Email Address _____

EMERGENCY NAME, ADDRESS AND PHONE _____

EMERGENCY NAME, ADDRESS AND PHONE _____

AFTER SCHOOL CARE, ADDRESS AND PHONE _____

TRANSPORTATION BY _____

BAPTISM DATE _____ CHURCH _____ ADDRESS _____

COPY OF RECORD ON FILE _____ YES _____ NO

DATE OF 1ST CONFESSION _____ DATE OF 1ST COMMUNION _____ DATE CONFIRMED _____

SCHOOL RECORD:

SCHOOL STUDENT LAST ATTENDED _____ ADDRESS _____

HAS STUDENT ATTENDED CATHOLIC SCHOOLS? _____ YES _____ NO HOW LONG? _____

VOLUNTEER ACTIVITIES:

WILL YOU HELP AT ST. MARK'S SCHOOL? _____ YES _____ NO R.E. PROGRAM? _____ YES _____ NO SUNDAY SCHOOL? _____ YES _____ NO 9/14

FAMILY REGISTERED IN/CONTRIBUTING TO ST. MARK'S PARISH? _____ YES _____ NO

If No, what parish are you registered in? _____

DATE PAID _____
AMOUNT PAID _____

IF APPLICATION IS ACCEPTED, REGISTRATION MATERIALS WILL FOLLOW.