



ST. MARK SCHOOL

A Nationally Recognized Blue Ribbon School of Excellence



Application for Admission

School Year 20__ - 20__

STUDENT/FAMILY INFORMATION

Student Name: _____ Age: _____ Grade Entering: _____
(LAST) (FIRST) (M.I.)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Phone: _____ Date of Birth: ___/___/___ Gender: M F

Religion: Catholic Non-Catholic Place of Worship: _____
(NAME) (CITY)

U.S. Citizen: Yes No If No, please indicate birthplace: _____
(CITY) (STATE) (COUNTRY)

Race: American Indian/Native Alaskan Asian Black Native Hawaiian/Pacific Islander White 2 or more Races

Ethnicity: (select one) Hispanic or Latino Non-Hispanic

Father/Guardian:

Name: _____
(TITLE) (FIRST) (LAST)

Address: _____
(STREET) (CITY)

Phone: _____
(HOME) (MOBILE)

Email: _____

Relationship to Student: _____

Employer: _____

Occupation: _____

Religion: Catholic Non-Catholic

Marital Status: _____

If divorced/separated, which parent has custody? _____

Student lives with: (select all that apply) Mother Father Grandparent Guardian Other _____

Mother/Guardian:

Name: _____
(TITLE) (FIRST) (LAST)

Address: _____
(STREET) (CITY)

Phone: _____
(HOME) (MOBILE)

Email: _____

Relationship to Student: _____

Employer: _____

Occupation: _____

Religion: Catholic Non-Catholic

Marital Status: _____

Are visitation rights permitted to non-custodial parent? _____

MEDIA RELEASE

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity, and website. (select one) Yes No

SIBLINGS *If additional space is needed, please list on back.*

(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

SCHOOLS PREVIOUSLY ATTENDED

(SCHOOL) (CITY) (STATE) (GRADE/S) (REASON FOR LEAVING)

(SCHOOL) (CITY) (STATE) (GRADE/S) (REASON FOR LEAVING)

St. Mark School admits students without regard to race, creed or color.

MEDICAL

Student's Pediatrician: _____
(NAME) (PHONE)

Student's Dentist: _____
(NAME) (PHONE)

Hospital Preference: _____
(NAME) (PHONE)

SACRAMENTS

Has your child received the sacrament of Baptism: Yes No Reconciliation: Yes No Communion: Yes No

Baptism: _____
(DATE) (CHURCH) (CITY) (STATE)

Reconciliation: _____
(DATE) (CHURCH) (CITY) (STATE)

Communion: _____
(DATE) (CHURCH) (CITY) (STATE)

SPECIAL SERVICES*

Have you ever been invited to attend a PPT meeting for your child? Yes No Has your child ever had a/an: 504 Plan IEP

For students entering Pre-K or K: Has your child received services through Birth to 3? Yes No

**This information is necessary for teachers to plan for your child's success. Failure to disclose this information may halt an application and/or result in children being asked to transfer to receive services necessary for them to succeed.*

Home Language Survey:

When your child began to speak, what language did he/she speak? _____

What language do the parents/guardians speak to each other? _____

What language is spoken most often at home? _____

EMERGENCY CONTACTS (Non-Parent or Non-Guardian)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

OTHER

Bus Transportation Requested: (only available to Stratford residents living more than 1.5 miles away from school) Yes No

Which public school would your child attend if not St. Mark School? _____
(SCHOOL NAME) (CITY)

Did a family currently enrolled at St. Mark School recommend our school to you? Yes _____ No
(FAMILY NAME)

Would you like more information on how to apply to the Bishop's Scholarship Fund, a NEW source for tuition assistance? Yes No

REGISTRATION In order to complete your application, visit <https://online.factsmgt.com/signin/3D3MS> and submit the following registration fees via online payment:

Pre-K-8: \$150 registration fee per family (Due at time of application)

Please also include the following along with the application:

Copy of Birth Certificate Copy of Baptismal Certificate Student Records Release Form (grades 1-8 only)

SIGNATURES

I hereby certify that all of the above information is accurate and that my child and I agree to abide by the policies and procedures St. Mark School as stated in the school handbook, including the tuition policy.

Parent/Guardian _____ Date _____ Parent/Guardian _____ Date _____

Thank you for choosing Catholic Education – an investment that will last a lifetime!