



ST. MARK SCHOOL

A Nationally Recognized Blue Ribbon School of Excellence



Re - Registration Form

School Year 2018 - 2019

STUDENT/FAMILY INFORMATION

(FIRST NAME)	(LAST NAME)	(ADDRESS)	(GRADE ENTERING)	(DATE OF BIRTH)
(FIRST NAME)	(LAST NAME)	(ADDRESS)	(GRADE ENTERING)	(DATE OF BIRTH)
(FIRST NAME)	(LAST NAME)	(ADDRESS)	(GRADE ENTERING)	(DATE OF BIRTH)
(FIRST NAME)	(LAST NAME)	(ADDRESS)	(GRADE ENTERING)	(DATE OF BIRTH)

Father/Guardian:

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

Address: _____
 (STREET) (CITY)

Phone: _____
 (HOME) (MOBILE)

Email: _____

Relationship to Student: _____

Employer: _____

Occupation: _____

Marital Status: _____

Mother/Guardian:

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

Address: _____
 (STREET) (CITY)

Phone: _____
 (HOME) (MOBILE)

Email: _____

Relationship to Student: _____

Employer: _____

Occupation: _____

Marital Status: _____

If divorced/separated, which parent has custody? _____ Are visitation rights permitted to non-custodial parent? _____

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

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

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

REGISTRATION In order to complete your registration, please submit the \$150 registration fee via cash or check to the front office

SIGNATURES

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

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