



# 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)

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

## 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: (Stratford residents only)  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)

## REGISTRATION

There is a \$150 non-refundable registration fee for the first student and \$50 for each additional student. Please submit registration fee via cash or check with your completed application and visit: <https://online.factsmgt.com/signin/3D3MS> to create a FACTS online tuition payment account.

Please also include the following with your completed application:

Copy of Birth Certificate     Copy of Baptismal Certificate     Student Records Release Form

If applicable, indicate what Pre-K program you are applying for:  Monday-Friday     Monday/Wednesday/Friday     Tuesday/Thursday

## 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 \_\_\_\_\_