



ST. MARK CATHOLIC SCHOOL Confidential Application for Admission

Student Information

Full Name: _____
(As it should appear on school records) ("Goes By")

Date of Birth: _____ Gender: _____ (M / F)

Home Address: _____

Home Telephone: _____ School Year: _____ Grade: _____

Parents or Legal Guardian(s)

Father/Legal Guardian:

Name: _____ **Phone # _____

**Address: _____ Cell # _____

Employer: _____ Occupation: _____ Work # _____

Email Address: _____ Religion: _____ Parish Affiliation: _____

Mother/Legal Guardian:

Name: _____ **Phone # _____

**Address: _____ Cell # _____

Employer: _____ Occupation: _____ Work # _____

Email Address: _____ Religion: _____ Parish Affiliation: _____

**Provide if different from student

List all sibling(s)	Age	Present School (if enrolled)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Marital Status: Married _____ Separated _____ *Divorced _____
Mother deceased _____ Father deceased _____ Mother remarried _____ Father remarried _____

Applicant lives with: Both Parents _____ Mother _____ Father _____
Other _____

*If divorced, please provide documentation from divorce decree that pertains to child(ren)

Are there any court orders addressing custody of your child? Yes _____ No _____ (If yes, provide details on a separate sheet)

Name of person financially responsible for St. Mark Tuition: _____

St. Mark is a Catholic School committed to educating the whole child academically, spiritually, and physically. St. Mark Catholic School strives for academic excellence by instilling in each student Christian values, confidence, and a desire to be effective leaders of tomorrow.

St. Mark Catholic School admits and does not discriminate against any race, color, national or ethnic origin. All students have rights to the privileges, programs, and activities offered by St. Mark Catholic School.

School Information

Your child's present school _____

Phone # _____

St. Mark Catholic School strives to use the admission process to try to find the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.

Why do you want your son/daughter to attend St. Mark Catholic School?

In order to determine if St. Mark Catholic School will be able to provide the services that your child may need, we ask you to answer the following questions. All answers will be kept in strict confidence.

1. Is your child currently receiving any of the following services? (a) IEP and/or CSE self-contained or pull out placement; (b) Title I reading help; (c) Speech; (d) Other services Yes No (If yes, please describe)

2. Has your child had any educational test or evaluations? Yes No (If yes, please provide)
3. Is your child currently receiving out-of-school tutoring in any subject? Yes No (If yes, please describe)

4. Has your child repeated/failed any grade: Yes No If yes, which grade: _____
5. Was your child absent more than 10 days during the most recent school term? Yes No If yes, please explain:

6. Has your child experienced academic, social, or disciplinary problems during his/her school career? Yes No
If yes, identify the areas. Please provide details in a separate sheet: _____
7. Is your child taking any prescription medications? Yes No
8. Does your child have any conditions that would require administrative accommodations? Yes No
9. Does your child have any medical conditions (such as severe allergies, diabetes or asthma) that could require the administration of medication or the activation of a medical care plan? Yes No
If you answered yes to 7, 8 or 9 please identify and explain: _____

10. Is there any other information about your child that may affect our ability to provide for her/his needs? (If yes, please describe)

The following must be submitted with this Application for Admission:

Birth Certificate (copy)	Immunization Records (copy)
Report card, progress reports for the last 2 years (copies, as applicable)	Standardized test results, Gifted and/or Special program records
Catholic Baptismal Certificate (copy, if applicable)	Catholic Parish Participation Form
Application fee: \$200. Please make check payable to <i>St. Mark Catholic School</i>	For Kindergarten Only: Completed NC Kindergarten Health Assessment Report

To the best of my knowledge, the information given on this application is true and accurate. I understand that any omission or misrepresentation with respect to this information may be cause for my child's immediate dismissal from St. Mark School.

Signature of Parent _____

Date _____

St. Mark shall serve students with special needs when accommodations can be reasonably made within the normal operation of the school and when the school has the resources needed to accommodate the students' needs. Physically handicapped students shall be accommodated in St. Mark when they can benefit from the academic programs that are provided in small and large group settings using the services provided by classroom teachers