

**APPLYING FOR GRADE \_\_\_\_\_**

Child's Name \_\_\_\_\_  
                            First  Middle  Last

Name child wishes to be called in school \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date \_\_\_\_\_  
  Month                            Day                            Year

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Father's occupation \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Guardian or Stepparent's Name \_\_\_\_\_

Last school attended \_\_\_\_\_

Who referred you to St. Mark's School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish your child to attend St. Mark's? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long do you intend for your child to remain at St. Mark's? \_\_\_\_\_

If your child is not accepted at this time, do you wish his/her name to be placed on a waiting list?

Yes \_\_\_\_\_ No \_\_\_\_\_

**ALL APPLICATIONS MUST BE ACCOMPANIED BY A \$50.00 TESTING FEE**

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**FOR OFFICE USE ONLY**

Application Fee \_\_\_\_\_

Appointment \_\_\_\_\_

Date of Acceptance \_\_\_\_\_