

St. Mark's Elementary School Application

PLEASE PRINT OR TYPE

Applicant's Full Legal Name: _____
Last Middle First Preferred Name/Nickname

Present Grade: _____ Birth Date: _____ Social Security Number: _____

Male Female Ethnicity: African American Asian Caucasian Native American
 Other _____

Home Address: _____
Number and Street

City State Zip Home Phone

Family Information:

Father

Mother

Full Name: _____

Home Address: _____

Business/Employer: _____

Business Address: _____

Email Address: _____

Telephone (cell & home): _____

Child Lives With: Both Parents Mother Father Mother/Stepfather Father/Stepmother
 Grandparents Other Guardian: _____

Check If Appropriate: Father Deceased Parents Separated Father remarried Joint Custody
 Mother Deceased Parents Divorced Mother remarried

Other children in family:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Emergency Contact & Authorized Pick-Up Information:

Name: _____ Daytime Phone: _____ Cell: _____

Name: _____ Daytime Phone: _____ Cell: _____

Name: _____ Daytime Phone: _____ Cell: _____