



Est. 1959

# St. Mark's EPISCOPAL SCHOOL

FORT LAUDERDALE

Unique ID \_\_\_\_\_

### PHOTO

Please print  
child's name  
on back of photo

Our Mission at St. Mark's Episcopal School is to provide an education of academic excellence within an Episcopal ethos which includes spiritual development, ethnic and cultural diversity, service to community, and respect for self and others.

## EARLY CHILDHOOD APPLICATION FOR ADMISSION

ACADEMIC YEAR \_\_\_\_\_

ENROLLING FOR  PK2

### Applicant Information

NUMBER OF DAYS PER WEEK  5 Days  3 Days  Full Day  Half Day

Name \_\_\_\_\_ Gender  Male  Female  
Last First Middle Preferred Name

Home address \_\_\_\_\_ Birthday \_\_\_\_\_  
Street City State Zip month/day/year

U.S. citizen?  yes  no Social Security # \_\_\_\_\_ Religion \_\_\_\_\_ Church \_\_\_\_\_

Primary language \_\_\_\_\_

### Family Information

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Does the student have relatives who attend or have attended St. Mark's Episcopal School?  yes  no

If yes, please give names, relationships, years attended, and year graduated from St. Mark's.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years attended \_\_\_\_\_ Year graduated \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years attended \_\_\_\_\_ Year graduated \_\_\_\_\_

### Parent Information

Father's name \_\_\_\_\_ Preferred name \_\_\_\_\_ Email \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone ( \_\_\_\_\_ )

Home address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business name \_\_\_\_\_

Business address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business title \_\_\_\_\_

Admission and participation in educational programs at St. Mark's Episcopal School (including financial aid, athletics, and other school-administered programs) is open to all eligible students who meet our qualification requirements regardless of race, color, ethnicity, national origin, or disability.

(Continued on other side.)

### Parent Information

Mother's name \_\_\_\_\_ Preferred name \_\_\_\_\_ Email \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip Business name \_\_\_\_\_

Business address \_\_\_\_\_  
Street City State Zip Business title \_\_\_\_\_

If the applicant does NOT live with both natural parents, please complete the following:

Parents are (check ALL that apply):  Separated  Divorced  Single  Mother deceased  Father deceased

Custodial arrangement \_\_\_\_\_

### Parental Authority

Person responsible for school-related decisions:

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Primary contact number \_\_\_\_\_

Person who is financially responsible for payment of tuition and fees:

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Primary contact number \_\_\_\_\_

Payment Options:  Monthly  Semester  Annual

### Additional Information

Please indicate any special circumstances (family move, birth, illness, death, divorce, separation, other) that may interrupt or affect your child's performance in school:

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the applicant's social relationship with:

Peers \_\_\_\_\_ Siblings \_\_\_\_\_ Adults \_\_\_\_\_

Please share with us any additional information regarding your child's interests, challenges or achievements.

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize St. Mark's Episcopal School to contact previous schools or other sources to obtain information relevant to this application. I certify that all information contained in this application and any supporting documentation is complete and correct to the best of my knowledge. I understand that if any information is false or misleading, my child may not be admitted or may be asked to leave St. Mark's Episcopal School.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Admission and participation in educational programs at St. Mark's Episcopal School (including financial aid, athletics, and other school-administered programs) is open to all eligible students who meet our qualification requirements regardless of race, color, ethnicity, national origin, or disability.