



# St. Mark's EPISCOPAL SCHOOL

FORT LAUDERDALE

Est. 1959

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.

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

**PHOTO**

Please print  
child's name  
on back of photo

## APPLICATION FOR ADMISSION

**Applicant Information** Applying For Grade \_\_\_\_ Academic Year 20\_\_ – 20\_\_

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

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

U.S. citizen?  yes  no Religion \_\_\_\_\_ Church \_\_\_\_\_

If the applicant is a citizen of a country other than the United States, will an I-20 form be needed?  yes  no

If an I-20 is not needed, what type of Visa will the applicant use to enter the United States \_\_\_\_\_

Ethnic Origin (optional)  African/American  Latino/Hispanic  Native American  Asian/American  
 Middle Eastern/American  Multi-racial  Caucasian

**Scholastic Information**

Current school \_\_\_\_\_ Dates attended \_\_\_\_\_  
Street City State Zip

School address \_\_\_\_\_ School phone \_\_\_\_\_

Previous school \_\_\_\_\_ City \_\_\_\_\_ Dates attended \_\_\_\_\_

Previous school \_\_\_\_\_ City \_\_\_\_\_ Dates attended \_\_\_\_\_

Has the applicant ever skipped or repeated a grade level? If yes, please explain. \_\_\_\_\_

Has your child's present school recommended a school change? If yes, please explain. \_\_\_\_\_

Has your child ever been placed on academic probation, suspended, expelled, asked to withdraw, or not offered enrollment renewal from any prior school? If yes, please explain the circumstances. \_\_\_\_\_

Is the applicant applying to other schools? If yes, please list. \_\_\_\_\_

How did you hear about St. Mark's? \_\_\_\_\_

**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 \_\_\_\_\_

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

Parent/Guardian 1  Father  Mother  Legal Guardian

Full name \_\_\_\_\_ Preferred name \_\_\_\_\_ Email \_\_\_\_\_

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

Home address \_\_\_\_\_ Business name \_\_\_\_\_

Business address <sup>Street</sup> \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business title \_\_\_\_\_

Parent/Guardian 2  Father  Mother  Legal Guardian

Full name \_\_\_\_\_ Preferred name \_\_\_\_\_ Email \_\_\_\_\_

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

Home address \_\_\_\_\_ Business name \_\_\_\_\_

Business address <sup>Street</sup> \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business title \_\_\_\_\_

<sup>Street</sup> \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

Are there any funds due to applicant's prior school for unpaid tuitions or other fees? If yes, please explain \_\_\_\_\_

Do you plan to apply for financial aid  yes  no

### Additional Information

Please indicate any special circumstances (family move, birth, illness, death, divorce, separation, other) that may have interrupted or affected your child's performance in school: \_\_\_\_\_

What are your child's responsibilities at home? \_\_\_\_\_

Briefly describe the applicant's social relationship with:

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

Please share with us any additional information regarding your child's interests, talents, achievements, and/or honors.

**A nonrefundable application fee of \$100 must accompany your application.**

**Please make check payable to St. Mark's Episcopal School.**

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: \_\_\_\_\_