Saint Mark Elementary School

Educating Children in the Way, the Truth and the Life
Kindergarten through Grade 8

912 Coeur d'Alene Avenue ♦ Venice, CA 90291 ♦ 310.821.6612 ♦ www.stmarkschool.com

Application and
Parent Questionnaire
$25.00 Testing Fee

CANDIDATE INFORMATION

Student's Full Name_____ Nickname_____

Home Address_____

City_____ State_____ Zip_____ Home Phone_____

Seeking Admission for Level: K 1 2 3 4 5 6 7 8 Date of Birth_____

For School Year:_____

FAMILY INFORMATION

Father's/Stepfather's/Guardian's Full Name:

Address (if different from student):

Occupation/Professional Background/Special Interests:

Business:

Address:

Telephone: Cell:

E-Mail:

Mother's/Stepmother's/Guardian's Full Name:

Address (if different from student):

Occupation/Professional Background/Special Interests:

Business:

Address:

Telephone: Cell:

E-Mail:

Student Lives With (circle all that apply): Father Mother Stepfather Stepmother Guardians

Other (please detail)_____

Father deceased/date_____ Mother deceased/date_____

Sibling Names and Ages:_____

Will siblings be applying to St. Mark Elementary School also?_____

Church:_____ Denomination: _____

Address:_____ Pastor:_____

EDUCATIONAL HISTORY

Current School_____

Address_____ Grade Level_____

Years Attended_____

Is it your intention to continue Catholic education throughout the elementary middle and high school years?_____

Previous Schools:

Name_____ Dates_____

Name_____ Dates_____

Name_____ Dates_____

Name_____ Dates_____

BACKGROUND INFORMATION

Please detail any physical conditions or restrictions that could affect your child's participation in school activities, or of which we should otherwise be aware._____

Has your child ever qualified for special educational services, had an IEP/ISP, or had psychological or psychiatric counseling of which we should be aware?_____

PARENT COMMENTS

Please use this space to provide your comments and perspectives about your child, his/her special qualities and needs, and goals for his/her education.

Recent Photo (optional)

Signature

Date

SMS USE:

Interview Date/Time **By**

Recommendation:_____