



# St. 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

## ENROLLMENT APPLICATION FORM

School Year: \_\_\_\_\_

**\$25.00 Testing Fee** (payable on day of test)

### STUDENT INFORMATION

Last Name		First Name		Middle Name	
Sex	Birthdate	Birthplace	Religion	Social Security Number	Grade (applying)

### ETHNICITY (for Archdiocesan Census)

- Hispanic/Latino       Caucasian       Black/Af. Am.       Pacific Islander       Other \_\_\_\_\_  
 Native Am.       Filipino       Asian       Multiracial

### FAMILY INFORMATION

Father's First Name		Middle Name		Last Name	
Birthplace	Religion	Occupation	Marital Status	Father Deceased	
Mother's First Name		Maiden Last Name		Last	
Birthplace	Religion	Occupation	Marital Status	Mother Deceased	

Check applicable home conditions:       Remarriage       Single Parent

Other: \_\_\_\_\_

### RESIDENCE INFORMATION

Address		City		Zip	
Home Phone	Work (Father)	Cell (Father)	Work (Mother)	Cell (Mother)	
Email: (Father)			Email: (Mother)		

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

Address (if different from above) \_\_\_\_\_

Sibling Names and Grades: \_\_\_\_\_

### SACRAMENTAL INFORMATION

Baptism Date	Church of Baptism	City	State	Zip
Communion Date	Church of First Communion	City	State	Zip
Confirmation Date	Church of Confirmation	City	State	Zip

### FOR OFFICE USE ONLY:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Health Record         | <input type="checkbox"/> Report Card                       | Date Applied _____                          |
| <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Testing Fee                       | <input type="checkbox"/> Accepted           |
| <input type="checkbox"/> Release Form          | <input type="checkbox"/> Registration Fee (Non-refundable) | <input type="checkbox"/> Not Accepted       |
| <input type="checkbox"/> Parish Envelope #     | <input type="checkbox"/> Orientation/Interview             | <input type="checkbox"/> Waiting List _____ |

**IMMUNIZATION INFORMATION** (Please include official physician record for verification)

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Vaccine	DATE EACH DOSE WAS GIVEN				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Polio (OPV or IPV)					
DTP/DTaP/DT/Td Diphtheria, tetanus and pertussis					
MMR (Measles, mumps & Rubella)					
Hepatitis B					
Varicella (Chickenpox)					
Hepatitis A (Not Required)					

Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other				<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Film date: _____ Impression <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other				<input type="checkbox"/> Pos <input type="checkbox"/> Neg	

\*If required for school entry, must be Mantoux unless exception granted by local health department

**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.

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