



APPLICATION for the school year _____ DATE _____

Please circle the class for which the student is applying:

| | | | |
|-----|--------------|--------------|---------------|
| PK2 | Kindergarten | Third Grade | Sixth Grade |
| PK3 | First Grade | Fourth Grade | Seventh Grade |
| PK4 | Second Grade | Fifth Grade | Eighth Grade |

STUDENT'S FULL Name _____ SEX _____

NAME PREFERRED _____

BIRTHDATE _____ RELIGION _____ If Episcopal, list church _____

HOME ADDRESS _____
Street Address

City _____ State _____ Zip Code _____

PHONE _____ E-MAIL _____

NAME OF SCHOOL PRESENTLY ATTENDING _____

NAMES OF SCHOOLS PREVIOUSLY ATTENDED _____

MR. OTHER

FATHER'S NAME DR. _____

MS. DR.

MOTHER'S NAME MRS. OTHER _____

FATHER EMPLOYED BY _____ OCCUPATION _____

MOTHER EMPLOYED BY _____ OCCUPATION _____

FATHER'S WORK PHONE _____ MOTHER'S WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

STUDENT RESIDES WITH _____

| | | | |
|------------------|--|--|--|
| SIBLINGS | | | |
| DATE OF BIRTH | | | |
| SCHOOL ATTENDING | | | |

Whom can we thank for referring you to us? _____

Admission is open to academically qualified students without regard to race, creed, gender or national origin.

Application and fee received by _____ Date _____

Application fee is non-refundable.

St. Mark's Episcopal School provides an academically enriched program in a nurturing Christian environment.

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