



Application for Admission

(Grades PK2 through 8)

For Academic Year _____

Applying for Grade _____

PK Options

3 Half Days (T, W, T)

3 Full Days (T, W, T)

5 Half Days (M-F)

5 Full Days (M-F)

PK2

PK3

PK4

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APPLICANT INFORMATION

Applicant Name: _____
First Middle Last

Name Preferred: _____ Birthdate ____/____/____ Gender: ☐ M ☐ F

Home Address: _____

City State/Province Zip Code

Current School Name: _____ Attended from (Month/Year): _____

Home Phone: _____ Religion: _____

Parish/ Church/ Synagogue: _____

Applicant lives with (check all that apply): ☐ Both Parents ☐ Father ☐ Mother ☐ Stepfather
☐ Stepmother ☐ Other: _____

Check if appropriate: ☐ Parents divorced ☐ Parents separated

Ethnic Group (optional): ☐ African American ☐ Middle Eastern ☐ Caucasian ☐ Latino/Hispanic
☐ Asian American ☐ Native American ☐ Multiracial

Language(s) spoken at home: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1:

Parent/Guardian 2:

Dr./Mr./Mrs./Ms. First Last

Dr./Mr./Mrs./Ms. First Last

Address (if different from applicant):

Address (if different from applicant):

Phone: (c) _____ (w) _____

Phone: (c) _____ (w) _____

Email: _____

Email: _____

Occupation/Title: _____

Occupation/Title: _____

Employer: _____

Employer: _____

Education: _____

Education: _____

School: _____

School: _____

SIBLING INFORMATION

Name	Birth Date	Current School	Grade

ALUMNI OF ST. MARK'S EPISCOPAL SCHOOL

Name	Relationship to Applicant	Dates of Attendance

ADDITIONAL INFORMATION

Why are you considering sending your child to St. Mark's Episcopal School? _____

Students Interest/Clubs/Sports? _____

How did you hear about us? _____

Please feel free to include any information about your family that you think is important for us to know: _____

PLEASE INCLUDE A \$100 NONREFUNDABLE APPLICATION FEE

Your signature on this application verifies that the information set forth in the application and provided in separate documents is true and correct. (I/We) understand that any false, misleading, or inaccurate information, or any missing or omitted information, may be deemed to be reason for St. Mark's Episcopal School to reject this application or dismiss my/our child from school if accepted. Both parents are required to sign the application before the application will be acted upon unless the School receives information reflecting that only one parent has the authority to make educational decisions.

Please send to:

Enrollment Office at St. Mark's Episcopal School, 3395 Burns Road, Palm Beach Gardens, Florida 33410.

Signature of both parents or guardians required.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

St. Mark's Episcopal School strives to attract and support a diverse and talented student body, faculty, and staff. Applicants for admission or employment will not be denied based on race, creed, color, national origin, gender, sexual orientation, or disability.