

Student information:

Last Name	First	Middle	Sex	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Mother's information:

Mother's Name

Address Check box if same as student City State Zip Code

Mother's Email @ Cell Phone # () - Additional Phone # () -

Father's information:

Father's Name

Address Check box if same as student City State Zip Code

Father's Email @ Cell Phone # () - Additional Phone # () -

Sibling information:

Name of Sibling #1:	<input type="text"/>	Age:	<input type="text"/>
Name of Sibling #2:	<input type="text"/>	Age:	<input type="text"/>
Name of Sibling #3:	<input type="text"/>	Age:	<input type="text"/>
Name of Sibling #4:	<input type="text"/>	Age:	<input type="text"/>

Registration Fee:	
Amount	<input type="text"/>
Date Paid	<input type="text"/>
Cash/Check#	<input type="text"/>

Please answer questions on both sides of this form!

Registration Questions:

What school did your child attend last year? _____

Circle One

Did you provide the office with your student's records from the previous school? Y or N

Is your family active parishioners at St. Mark? Y or N

If No to previous question, what religion or church are you affiliated with? _____

Has your child been baptized? Y or N If Yes, what church? _____ Date? _____

Does your student have an IEP? Y or N

Does your student have an ILP (Language)? Y or N

Did the student qualify for free or reduced lunch at their previous school? Y or N

How would you describe your Race/Ethnicity?

Hispanic American Indian Asian Black Pacific Islander White Multiracial

Please leave any questions or comments that you have for St. Mark in the space below.

Please answer questions on both sides of this form!