

*"Recognized as a Blue Ribbon School of Excellence by the United States Department of Education".*



## **REGISTRATION FORM**

DATE: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

ENTERING GRADE \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street

Town

State

Zip

HOME TELEPHONE: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

CHILD'S RELIGION: \_\_\_\_\_

DATE OF BAPTISM: \_\_\_\_\_

CHURCH OF BAPTISM: \_\_\_\_\_

DATE OF FIRST COMMUNION: \_\_\_\_\_

CHURCH OF FIRST COMMUNION: \_\_\_\_\_

FATHER: \_\_\_\_\_

OCCUPATION \_\_\_\_\_

First & Last Name

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

RELIGION OF FATHER: \_\_\_\_\_

MOTHER: \_\_\_\_\_

OCCUPATION \_\_\_\_\_

First & Last Name

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

RELIGION OF MOTHER: \_\_\_\_\_

CHURCH OF MARRIAGE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

CURRENT MARITAL STATUS: MARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SINGLE \_\_\_\_\_ WIDOWED \_\_\_\_\_

GUARDIAN (If applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street

Town

State

Zip

NURSERY SCHOOL ATTENDED (KINDERGARTEN REGISTRANTS ONLY): \_\_\_\_\_

TRANSFERRED FROM SCHOOL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF HOME PARISH: \_\_\_\_\_

INDICATE ALL SIBLINGS:

NAME:

DATE OF BIRTH:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BUS TRANSPORTATION REQUESTED: YES \_\_\_\_\_ NO \_\_\_\_\_  
(STRATFORD RESIDENTS ONLY) DO YOU LIVE 1.5 MILES FROM SCHOOL? \_\_\_\_\_

Have you ever been asked to participate in a PPT meeting for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Did a Saint Mark School family recommend the school to you? Yes \_\_\_\_\_ (Family Name: ) \_\_\_\_\_ No \_\_\_\_\_

THE FOLLOWING IS NEEDED FOR FEDERALLY FUNDED PROGRAMS:

Which public school would your child(ren) attend if not at Saint Mark? \_\_\_\_\_

When at home, the child speaks (check one) :

- English \_\_\_\_\_ Some English, but mostly another language \_\_\_\_\_
- English and another language equally \_\_\_\_\_
- Mostly English and some of another language \_\_\_\_\_

Ethnic Background (Check Off) :African American \_\_\_\_\_

- American Indian \_\_\_\_\_ Oriental American \_\_\_\_\_ Spanish Surnamed \_\_\_\_\_
- Cuban \_\_\_\_\_ Haitian \_\_\_\_\_ Indo-Chinese \_\_\_\_\_ Laotian \_\_\_\_\_ Greek \_\_\_\_\_
- Portuguese American \_\_\_\_\_ Lebanese \_\_\_\_\_ Indian \_\_\_\_\_ Caucasian \_\_\_\_\_
- Other(Specify) \_\_\_\_\_

PLEASE SELECT ONE OF THE FOLLOWING TUITION PAYMENT PLANS:

- ( ) PLAN "A" Payment in full due by August 1<sup>st</sup>. You will receive an invoice from the Business Office July 1<sup>st</sup>. Please make checks payable to St. Mark School. Mail payment to 7365 Main Street, PMB 199 Stratford, CT 06614. You may also contact the Business Office at (203) 304-2432 if you wish to pay by MC, Visa or American Express.
- ( ) PLAN "B" Four installments. You will receive invoices from the Business Office July 1<sup>st</sup>, October 1<sup>st</sup>, January 1<sup>st</sup> and April 1<sup>st</sup>. Please make checks payable to St. Mark School. Mail payment to 7365 Main Street, PMB 199 Stratford, CT 06614. You may also contact the Business Office at (203) 304-2432 if you wish to pay by MC, Visa or American Express.
- ( ) PLAN "C" Ten monthly installments through FACTS Tuition Management System. Automatic tuition payments begin July 1<sup>st</sup>. Late enrollment will reduce the number of payments available. You must fill out a separate agreement for FACTS and provide your banking information. Forms are available in the school office. Your account will be drafted a \$38.00 enrollment fee once your agreement is processed by FACTS. The school ID is 98898.

PLEASE SEND ME AN APPLICATION FOR TUITION ASSISTANCE \_\_\_\_\_

**ENROLLMENT AGREEMENT:**

I understand that in signing this Enrollment Contract for the upcoming academic year that I am agreeing to accept the rules and regulations of the school as stated in the tuition policy and the rule concerning payment of fees as referred to in the policy. Furthermore, I agree to the policy of the school that no student will be permitted to take examinations nor will grades and transcripts be released unless an account has been paid in full. I also agree to pay any late fees due on account if payment is late according to tuition and financial obligation policy.

In order to reserve a place for your child, this Enrollment Contract and your reservation deposit must be received. This instrument shall be interpreted in accordance with laws of the State of Connecticut. To the best of my knowledge all information here is accurate. Any false information written on this application may void this application for enrollment.

Parents or guardians should sign this Enrollment Contract.

\_\_\_\_\_ Date \_\_\_\_\_

Signature(s) of Parent(s) or Guardian financially responsible for student.

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FOR OFFICE USE: Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_ Wait List \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

Registration Fee Received: Yes \_\_\_\_\_ Date: \_\_\_\_\_

Paid by: Personal check: \_\_\_\_\_ Check #: \_\_\_\_\_ Bank check or Money Order: \_\_\_\_\_ # \_\_\_\_\_ Cash: \_\_\_\_\_

Records: Birth Certificate: \_\_\_\_\_ Baptismal Certificate: \_\_\_\_\_

School Records: \_\_\_\_\_ Health Records: \_\_\_\_\_

Most Recent Report Card: \_\_\_\_\_

Revised:1/20/10