



ST. MARK'S *Classical Academy*

APPLICATION *for* ADMISSION

FAMILY INFORMATION

Name of Father: Last First e-mail address

Name of Mother: Last First e-mail address

Address City/State/Zip Home Phone No.

Father's Occupation Work Phone No. Employer

Mother's Occupation Work Phone No. Employer

If Parents are Divorced
 Separated Deceased who has legal custody? _____

STUDENT INFORMATION

Child's Full Name Nickname/Name used

Date of Birth Male/Female

Name of School District in which you live

Last school attended

Do you agree to have your child(ren) taught in accordance with the attached Statement of Faith? _____

Are there any points in it which are inconsistent with your convictions? _____ If so, please explain (use the back as necessary).

PARENTAL SIGNATURE

I certify that this application is correct.

Parent or Guardian Date

Parent or Guardian Date

TO MAKE THIS APPLICATION COMPLETE:

Please include a \$50.00 application fee.

CONTACT INFORMATION

Emergency contact

Permission to pick up my child

Name

Relationship

Address

City, State, Zip

Phone #1

Phone #2

Emergency contact

Permission to pick up my child

Name

Relationship

Address

City, State, Zip

Phone #1

Phone #2

Emergency contact

Permission to pick up my child

Name

Relationship

Address

City, State, Zip

Phone #1

Phone #2

Emergency contact

Permission to pick up my child

Name

Relationship

Address

City, State, Zip

Phone #1

Phone #2

Medical Information

Name of Child _____ Date of Birth _____

Immunization Record

Please attach a photocopy of Immunization record with physician's signature.

Medical Examination Record

Admission requirement: One of the following must be presented when your Kindergarten age child is admitted to St. Mark's School:

1 *Doctor's or Clinic's statement*

The above named child has been examined by me (or by our clinic) within the past year and found to be physically able to take part in Kindergarten.

Physician's signature or Authorized signature from Clinic

Date

OR

2 If medical diagnosis, treatment, and/or immunization and TB testing conflict with religious beliefs, you must sign an affidavit (a notarized statement) to that effect and attach it to this form.

If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

Signature of Parent or Legal Guardian

Date

Emergency Information

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to seek medical care for my child.

PHYSICIAN: _____

Medical Insurance Provider: _____

Policy Number: _____ Group: _____

In the event that I cannot be reached, I authorize St. Mark's School to secure any and all necessary emergency medical care for the safety and well-being of my child. I assume any applicable costs for emergency care after relevant insurance coverage is applied.

Signature: _____ Date: _____

List any special problems that your child may have, such as allergies, existing illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information about which caregivers should be aware: _____

_____ (use additional sheet if necessary)