

St. Mark Catholic School

115 Parrish Avenue, Richmond, KY 40475

(859)623-2989 option 4

2010-2011 Application

Pre-K -3rd grade

Student Information (please print)

Student Name _____

Address _____ Phone Number _____

Family email address _____

Sex M/F _____ Grade Level ('10-'11) _____ Birth date _____

Student lives with (circle one) Both Parents Mother Father Grandparents Other _____

Current School Enrolled _____

Parent Information

Mother's Name _____ Home Phone () _____ Cell Phone () _____

Address (if different from student) _____

Place of Employment _____ Occupation _____ Work Phone () _____

Father's Name _____ Home Phone () _____ Cell Phone () _____

Address (if different from student) _____

Place of Employment _____ Occupation _____ Work Phone () _____

Religious Denomination

Please select one of the following.

_____ Member of St. Mark Parish? No _____ Yes _____ If yes, date registered _____

_____ Catholic member of another Catholic Parish. Which one? _____ Date Registered _____

_____ Member of other Denomination _____ If yes, what Church? _____

_____ No denomination

Statement of Commitment

Submission of this application serves as the parents/guardians commitment and agreement to be governed by the policies and procedures outlined by St. Mark Catholic School faculty and staff during the time that your child is enrolled in school.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

St. Mark Catholic School

2010 – 2011 Application Continued

Student Educational Needs

Has applicant been recommended for any accelerated programs? Yes _____ No _____

If yes, in what areas? _____

Does applicant have any type of disability? No ___ Yes__ (please explain) _____

Does applicant have physical (speech, vision, hearing, etc) limitations that would affect academic performance?
No _____ Yes _____ (please explain) _____

Does applicant qualify for Special Education services? No _____ Yes _____ (please explain) _____

Does the applicant have any of the following? 504 Plan _____ IEP _____

Has applicant repeated any grades? No _____ Yes _____ If yes, what grade? _____

_____ My child is entering school for the first time and I am unable to answer these questions.

Is English the primary language spoken at home? Yes _____ No _____ If no, what is? _____

PRE – K Applicant Additional Registration Information

Pre-Kindergarten applicants please select your preferred program of interest. Please note that we will try to provide you with the preference but can not guarantee it.

_____ All Day Class

_____ Half Day Class

_____ M/W Part time 9am-2pm

_____ T/Th Part time 9am-2pm

Additional Information

All tuition and fees are handled by the St. Mark Church Business Office

608 West Main Street
Richmond, Kentucky 40475
Attention: Michelle Monticello
(859) 623-2989

\$250 Book/Registration fee – NON-REFUNDABLE

(This fee may be paid in two installments- \$150 due at registration and \$100 due by April 30, 2010.)

OFFICE USE ONLY

Date Submitted _____

Date Accepted _____

Additional Notes _____

Enrollment Fee _____

Check Number _____

Cash _____

Check Number _____

Cash _____