

# Saint Mark Catholic Academy Enrollment Form 2018 - 2019

**Please Print Legibly and Fill In All Information Completely:**

**Attach to document: Birth Certificate, Immunization Record and Baptismal Certificate (if applicable)**

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

STUDENT'S NAME MUST MATCH BIRTH CERTIFICATE

Student First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last : \_\_\_\_\_

Home/Primary Phone Number: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

Start Date: \_\_\_\_\_ Grade Level \_\_\_\_\_

Registration Date: \_\_\_\_\_

Previous School and Grade: \_\_\_\_\_

Parish Name: \_\_\_\_\_

Baptism: (Parish & Date) \_\_\_\_\_

Other Sacraments: \_\_\_\_\_

Student Demographics:

Hispanic: yes \_\_\_\_\_ no \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_

Birth Country: \_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_

Does This Child Have An IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what services has the child received: \_\_\_\_\_

*Students in Grades K to 2 may be eligible for transportation on the NYC yellow school bus if they live a half-mile or more from school. Students in Grades 3 to 6 may be eligible for transportation on the NYC yellow school bus if they live a mile or more from school. Metro Cards may be requested for student use only.*

***The NYC OPT decides on the locations of the school bus stops and determines student eligibility.  
St. Mark, its Administration or Staff, do not make decisions regarding busing and MetroCards.***

Transportation: Yellow Bus (Intersection Closest to Home) : \_\_\_\_\_

MetroCard: Yes \_\_\_\_\_ No \_\_\_\_\_

Public School District/Zoned School: \_\_\_\_\_

Child lives with: Mother\_\_\_ Father\_\_\_ Both\_\_\_ Other\_\_\_\_\_

**Title: (Ms., Mrs., Dr., etc.)** \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_ living \_\_\_\_\_ Deceased \_\_\_\_\_

Home/Primary Phone Number: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Zip Code \_\_\_\_\_

Religion: \_\_\_\_\_

Mother's Place of Birth \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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**Title: (Mr., Dr., etc.)** \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Home/Primary Phone Number: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Zip Code \_\_\_\_\_

Religion: \_\_\_\_\_

Father's Place of Birth \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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Name and relation of person responsible for tuition: \_\_\_\_\_

Telephone: \_\_\_\_\_

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#### Emergency Contacts & Pick Up Information

Name and Number of Two Individuals That Are Permitted to Pick Student Up In Case Of An Emergency:

1. \_\_\_\_\_

2. \_\_\_\_\_

Name and Number of Child's Pediatrician \_\_\_\_\_

Does the student have any medical conditions or allergies?: Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child have asthma?: Yes \_\_\_\_\_ No \_\_\_\_\_

Please Explain: \_\_\_\_\_

Does the child wear glasses?: Yes \_\_\_\_\_ No \_\_\_\_\_

#### Office Use Only

Check Number and Amt: \_\_\_\_\_ Date of Registration : \_\_\_\_\_

In Parish \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Baptism \_\_\_\_\_ Immun \_\_\_\_\_ IPV \_\_\_\_\_ NPSIS \_\_\_\_\_

Full Day \_\_\_\_\_ Half Day \_\_\_\_\_

Finance Office Mtg Date & Signature: \_\_\_\_\_