



**EPISCOPAL
DAY SCHOOL**

APPLICATION FOR ADMISSION

*St. Mark's Episcopal Day School welcomes qualified students
without regard to race, gender, religion, or national origin.*

Applying for admission to St. Mark's Episcopal Day School for the 20____ - 20____ school year.

Please Print Clearly

1. Applicant's Full Name: _____
(Last) (First) (Middle) (Called by)

Male Female Date of Birth: _____ Home Phone: _____

2. Home Address: _____
Street City State Zip (To be used for school correspondence and to be listed in Student Directory)

3. Names of relatives, and relationship to applicant, who attended St. Mark's Episcopal Day School (if any):

4. Ethnicity: _____
(Optional)

5. Are you parishioners of St. Mark's Episcopal Church? Yes No
(Optional)

6. Religious Affiliation/Church Membership: _____
(Optional)

7. Grade Level Applying for (check box):

Early Learning Program I: Monday/Thursday Tuesday/Friday Third Day (Wednesday) Five Days

Early Learning Program II: Monday/Thursday Tuesday/Friday Third Day (Wednesday) Five Days

Pre-Kindergarten I (3 days): Monday/Wednesday/Thursday Tuesday/Wednesday/Friday

Pre-Kindergarten I (5 days) Pre-Kindergarten II Kindergarten

First Second Third Fourth Fifth Sixth

Extended Day Program: Yes No

(continued on other side)

Please complete this authorization, allowing St. Marks Episcopal Day School to contact your child's previous school.

SCHOOL RECORDS/TRANSCRIPT REQUEST FORM

The following student has applied for admission to St. Mark's Episcopal Day School.
Please send the following school records as soon as possible:

1. Current report card
2. Copies of report cards for the past two years
3. Standardized Testing
4. Teacher recommendation

Mail to:	Director of Admission St. Mark's Episcopal Day School 4114 Oxford Avenue Jacksonville, FL 32210 (904) 388-2632
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Student's Name: _____

Grade Level: _____

Name of Current School: _____

Address of Current School: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Signature: _____ Date: _____

8. Father/Guardian Name

(Mr.)(Dr.): _____
(Last) (First) (M.I.)

Called by: _____

Phone (if different): _____

Address (if different): _____

_____ Zip: _____

Cell Phone: _____

Preferred e-mail address: _____
(To be used for all school correspondence and to be listed in the Directory)

Would you like to be added to our e-mail list? Yes No

Employer: _____

Position/Occupation: _____

Business Address: _____

Business Phone: _____

Mother/Guardian Name

(Mr.)(Dr.): _____
(Last) (First) (M.I.)

Called by: _____

Phone (if different): _____

Address (if different): _____

_____ Zip: _____

Cell Phone: _____

Preferred e-mail address: _____
(To be used for all school correspondence and to be listed in the Directory)

Would you like to be added to our e-mail list? Yes No

Employer: _____

Position/Occupation: _____

Business Address: _____

Business Phone: _____

9. Student lives with: Both Parents Mother Father Parent is deceased Parents are separated Parents are divorced
 Other, Please Explain: _____

10. Brothers (ages): _____ Sisters (ages): _____

11. How did you learn about St. Mark's Episcopal Day School? _____

Please sign below and return this application along with the non-refundable \$50 application fee.

A non-refundable testing fee of \$50 is due on the day the student visits St. Mark's and the evaluation is administered. (Pre-K II-6th grade)
Director of Admission, St. Mark's Episcopal Day School, 4114 Oxford Avenue, Jacksonville, FL 32210, (904) 388-2632

Completion of application does not guarantee enrollment acceptance.

The Early Learning Program I through Kindergarten is accredited by the National Association for the Education of Young Children (NAEYC), and has a religious exemption from licensure by the Florida Department of Children and Families. A copy of Florida's state licensing requirements may be obtained through the school office. St. Mark's is voluntarily in compliance with the state's licensing requirements. The Early Learning Program II through Sixth Grade is accredited by Florida Council of Independent Schools (FCIS) and by the Florida Kindergarten Council (FKC).

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date