



Student Enrollment Registration Form

Student Information (Please Print)

- Full Name:

- Date of Birth:

- Gender: Male Female

- Address:

City: _____ State: _____ ZIP: _____

- Who does the child reside with?

Parent/Guardian Information

- Mother's Full Name:

- Father's Full Name:

- Relationship to Student:

- Home Address (if different from student):

Mother's Phone Number:

- Father's Phone Number:

- Mother's Email Address:

- Father's Email Address:

Medical Information

- Allergies/Medical Conditions:



Enrollment Details

- Grade Applying For:

- Preferred Start Date:

- Previous School (if applicable):

Transportation

- Are you interested in busing if available? [] Yes [] No

Additional Information

- How did you hear about St. Mark Christian Academy?

Consent and Agreement I hereby certify that the information provided is accurate and complete. I understand that submitting this application does not guarantee enrollment.

Signature of Parent/Guardian: _____

Date: _____

Office Use Only

- Date Received: _____

- Enrollment Start Date: _____

- Notes: _____

- Gradelink Enrollment

- Documents

- Proof of Residency
- Birth Certificate
- Yearly Physical from Doctor
- Immunizations