



ST. MARK
Building for Life

Application 2010-2011

St. Mark Lutheran School • 1515 Hillendahl, Houston, TX 77055
713-468-1492 (Ph) 713-468-6735 (Fax)
www.stmarkhouston.org



Return this form

Office Use Only:

Received: Date _____ Time _____ Initials _____ Business office: _____
Start Date _____
Toddlers Only

Please type or print

2010-2011 SCHOOL YEAR	(check one)	Grade school			Grade Entering: _____			
					2010-2011 (check one)			
	<input type="checkbox"/>	Pre-Kindergarten (age 4 by Sep. 1)	<input type="checkbox"/>	3-day	<input type="checkbox"/>	5-day		
	<input type="checkbox"/>	Pre-School (age 3 by Sep. 1)	<input type="checkbox"/>	3-day	<input type="checkbox"/>	5-day		
	<input type="checkbox"/>	Toddlers (6 mos to 2 yrs by Sep. 1)	<input type="checkbox"/>	2-day	<input type="checkbox"/>	3-day	<input type="checkbox"/>	5-day
		<input type="checkbox"/> Check if toddler is in extended hours 7am-6pm						

STUDENT INFORMATION

NAME	Last _____ First _____ Middle _____			Nickname _____	
	<input type="checkbox"/> Female		<input type="checkbox"/> Male		
STUDENT LIVES WITH: <i>(Check all that apply)</i>	DATE OF BIRTH			ETHNIC ORIGIN	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian	_____ (Month) (Date) (Year)			(Provision of this information is required by Rev. Proc. 75-50 for the preparation of regulatory reports.) <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Other	
	Student's Social Security Number: _____ - _____ - _____				

****Do you intend to apply for financial aid?** Yes No

It is the policy of St. Mark Lutheran School that there shall be no discrimination against any student or applicant on the basis of race, color, national origin, sex, age, religion, disability, or political belief in the administration of its educational policies, admissions policies, athletic, food service or other school-administered programs.

PARENT INFORMATION

Father's Name _____	Mother's Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Number to be used in directory _____ - _____ - _____	Number to be used in directory _____ - _____ - _____
Work Telephone _____ - _____ - _____	Work Telephone _____ - _____ - _____
Cell Phone _____ - _____ - _____	Cell Phone _____ - _____ - _____
Pager # _____ - _____ - _____	Pager # _____ - _____ - _____
Email _____	Email _____
Drivers License No. _____	Drivers License No. _____
Employer _____	Employer _____
Occupation _____	Occupation _____
PARENTS MARITAL STATUS: (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Single	<i>IF ONLY ONE PARENT HAS CUSTODY OF THE CHILD, WE MUST HAVE A COURT ORDER ON FILE FOR THE AGREEMENT TO BE HONORED.</i>

FRIENDS OF ST. MARK
Please list names of friends and/or family that would like to receive invitations to special events and/or who would enjoy supporting St. Mark through their time, talents or special gifts.

1) Full Name: _____ Relationship _____
Street Address: _____ City/State _____ Zip _____
Phone: _____

2) Full Name: _____ Relationship _____
Street Address: _____ City/State _____ Zip _____
Phone: _____