

**St. Mark School
Registration Form
2017-2018**

Student Information

Name _____ Grade Entering _____
 First Middle Last

Address _____ Phone _____

City _____ Zip _____

Place of Birth _____ Date of Birth _____

Religion _____ Parish _____

Father/Guardian Information

Name _____

Address _____ Phone _____

City _____ Zip _____

Place of Birth _____

Religion _____ Education (highest degree) _____

Current Marital status: Single Married Widowed Divorced

Place of Employment _____ Phone _____

Occupation _____

Mother/Guardian Information

Name _____
 First Maiden Name Last

Address _____ Phone _____

City _____ Zip _____

Place of Birth _____

Religion _____ Education (highest degree) _____

Current Marital status: Single Married Widowed Divorced

Place of Employment _____ Phone _____

Occupation _____

Sacraments

Baptism _____
Date Church City State

First Reconciliation _____
Date Church City State

First Eucharist _____
Date Church City State

Academic History

Name and Address of School Attended _____

Years of Attendance _____

Siblings

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____