



St. Mark's Episcopal School

7615 F. M. 762, Richmond, Texas 77469

Phone: (281) 545-1296 Web: www.smes.rocks Fax: (866) 830-8060

facebook: St. Mark's Episcopal School—Richmond Texas

APPLICATION FOR ADMISSION

A \$100.00 non-refundable application fee must accompany this application.

Our Mission

The mission of St. Mark's Episcopal School is to encourage spiritual, intellectual, social, emotional, and physical development in young children through an enriched curriculum, rooted in the Christian faith.

Date of application : _____ for admission _____ of _____
(Month) (Year)

Applicant : _____
(student) (Last) (First) (Middle) (Preferred)

Address: _____
(Full address including zip) (Street) (City) (State/Zip)

Home telephone number: _____ Cell number: _____

Preferred family email: _____

Birthdate: _____ Male: _____ Female: _____

The school your child is currently attending _____

Father/Guardian: _____ Phone Number: _____

Mother/Guardian: _____ Phone Number: _____

Program	2 days	3 days	5 days
18 mos	n/a	<input type="checkbox"/>	<input type="checkbox"/>
2's	n/a	<input type="checkbox"/>	<input type="checkbox"/>
3's	n/a	<input type="checkbox"/>	<input type="checkbox"/>
Pre-K	n/a	n/a	<input type="checkbox"/>
Bridge-K	n/a	n/a	<input type="checkbox"/>

- Student must be the age of the class enrolling by September 1st.
- Bridge –K is for the students who turn 5 years old during the summer or early fall who could benefit from the gift of time.

Will you be registering for the "Before and After School Care Program?" YES NO

FAMILY INFORMATION

If parents are separated or divorced, which parent has custody of the applicant? _____

Please provide address for non-custodial parent below:

(Full address including zip) (Street) (City) (State/Zip)

MEDICAL

Please list any allergies, medical conditions, illnesses or diseases that may affect your child’s general health: _____

Are any of these severe/potentially life threatening? _____

Please list any special physical, behavioral, psychological or educational needs or diagnoses that may require special support: _____

NON-DISCRIMINATION

St. Mark’s Episcopal School does not discriminate on the basis of race, color, sexual orientation, religion, national or ethnic origin in the administration of its admissions and education policies, financial assistance programs, employment practices, and other school-administered programs.

TUITION

Are you applying for tuition assistance? YES NO

What payment schedule would you prefer for annual tuition payments? (refer to tuition & fees sheet)

Annual Tuition (Aug 1)
(single payment in advance)

Ten Monthly (Aug 1—May 1)
(Non-refundable security deposit required)

How did you learn about St. Mark’s Episcopal School? _____

Are you interested in receiving information from St. Mark’s Episcopal Church? Yes No

Person Responsible for fees and tuition: _____

Preferred email Address: _____

Date application was received: _____

Payment _____