



Re-Registration

I request that _____ be re- registered for St. Mark School for the 20____/20____ school year. This student will be in Grade _____ in September 201_.

I also plan to enroll my child _____ (Please enter name of sibling) in grade _____ for the upcoming school year. My child currently attends _____*

For new registrations and kindergarten students, parents must fill out a full registration packet

****ALL FEES, \$100.00 PER FAMILY, ARE DUE AT THE TIME OF RE-REGISTRATION****

Parent/Guardian Signature(s): _____

Address: _____

Phone: _____

My child _____, a current student who will enter grade _____ in September 201_, will be transferring to _____ school for the following reason:

Change of residence _____

Financial reasons _____

Other reasons _____

If you are transferring due to a change of residence, please list your new address

New Address: _____

I understand that a transfer will be prepared for my child provided all tuition and fees have been paid.

Parent/Guardian Signature _____