



ST. MARK Catholic School

9972 Vale Road Telephone 703-281-9103
Vienna, VA 22181 Fax 703-766-3430



Dear Prospective *ST. MARK* School Parent:

At *ST. MARK* Catholic School, our students grow in faith, knowledge and service. During the upcoming school year, we invite you and your child(ren) to experience this very special and holy place.

ST. MARK Catholic School is committed to educational excellence in a Christ-centered environment. Recently named a Blue Ribbon School of Excellence for our consistently high test scores, our challenging curriculum employs critical thinking and exceeds local, state, and national standards. We strive to meet each child's individual needs through differentiation and advanced academics. Our graduates are well-prepared for our area's most challenging high schools as well as prestigious colleges.

Our students receive a strong foundation in faith and moral development. Additionally, we highly value parents as primary educators of their children and strive to work with parents in the best interests of their child's development. *ST. MARK* Catholic School seeks to nurture the whole child: academically, spiritually, socially, emotionally, and physically.

Thank you for your interest in *ST. MARK* Catholic School. I am so proud of our faculty and staff and the accomplishments of our students. As one of the original faculty members still serving *ST. MARK*, I have also taught most of our graduates and am very proud of them, as well! I hope that you have witnessed our warm, exceptionally inviting, child-friendly environment, established and made tradition by all the people you have encountered here.

I look forward to meeting you personally to discuss how *ST. MARK* Catholic School can help your child grow in faith, knowledge, and service.

Sincerely,

Mrs. Darcie Girmus
Principal



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Grades 1-8 Application Information – 2019-2020

Thank you for your interest in *ST. MARK* Catholic School. We look forward to providing a high-quality Catholic education for your child. Applications for the next school year will be accepted on a rolling basis. Enrollment decisions for new students will be made only after re-enrollment for current families is complete, and then in the priority order listed below.

Applications are required for all students not presently enrolled in *ST. MARK* Catholic School. **This application does not guarantee acceptance.** Our priority for acceptance is:

- A. Children of volunteers who worked on the Christian Formation Center
- B. Children of staff at *ST. MARK* Catholic School and Parish and children with siblings already enrolled in *ST. MARK* Catholic School
- C. Children of *ST. MARK* Parishioners who are enrolling multiple children
- D. Children of *ST. MARK* Parishioners
- E. Children from other Catholic parishes without a school
- F. Children from other Catholic parishes
- G. Children of Non-Catholics

If you are applying as a registered *ST. MARK* parishioner, complete and attach the participation inventory. **To qualify for the *ST. MARK* in-Parish rate, a family must be registered parishioners as of February 1 in the year of enrollment, unless moving here from outside of Fairfax County.**

Applications will be reviewed **only after all required paperwork is received, including school records and teacher narrative forms from the student's current school.** All application decisions are final. Applications in each priority category, set forth above, will be considered equally and decisions within categories will be made by the admissions director and the principal, with pastor approval. An interview and/or student assessment may be required. If your child is accepted, you will receive an enrollment agreement. The signed agreement, along with the registration fee/deposit, and completed Diocesan Emergency Care Release form is required for each student in order to hold a place in the class. The fee is 10% of the total tuition owed for the year and is due upon acceptance. The amount of the fee will be applied to tuition and is **non-refundable.**

Please note that we will not be able to discuss your particular status in the application process, nor provide information about the number of openings, as it may lead to misunderstandings. Students entering Kindergarten will participate in a developmental screening to take place beginning in May. Specific dates and times will be provided to parents in a separate communication from the school. The purpose of the screening is for planning and preparation of our teachers for your child.

Thank you, again, for your interest in *ST. MARK* Catholic School. Our office staff is always ready to answer your questions about the procedures or forms. You may contact Mrs. Bliss at 703-766-3441 or email jbliss@stmark.org.

PLEASE NOTE: All entering pre-school children must be fully toilet-trained (no pull-ups). All entering Kindergarten students must be 5 years of age by September 30th in the year of enrollment.

** Please keep a copy of your completed application for your records. **



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PARTICIPATION INVENTORY
(ST. MARK Parishioners Only)

Dear Parents,

The Parish of **ST. MARK** promotes active Stewardship among its members. Everyone’s participation is important. In gratitude for blessings received from God, we commit ourselves to being faithful stewards by tithing a just percentage of our Time, Talent and Treasure to the betterment of our parish, community and world. To appreciate better your on-going history of involvement at **ST. MARK**, I would ask that you please prayerfully complete the following confidential inventory of your Stewardship. It is to assure your eligibility to receive the tuition rates available to parishioners of **ST. MARK**.

Fr. Patrick Holroyd, Pastor

TIME & TALENT & TREASURE

We have been registered at **ST. MARK** Parish since _____. Since registering, we have shared our time and talent with the parish in the following ways:

We have been involved in the following volunteer efforts outside our parish community (for example, YMCA, Scouts, PTA, service organizations, other non-profits):

Considering our above responses, we estimate that our family tithes _____ hours per month of our Time and Talent to Stewardship in our parish and community.

We are regular, contributing Members of **ST. MARK** Parish. Yes _____ No _____

We support the Diocesan campaigns. (Bishop’s Lenten Appeal, Capital Campaign) Yes _____ No _____

Other charities we financially support are:

Based on these commitments, we estimate that we tithe _____% of our Treasure (annual family income)

Any additional comments you wish to make on your history of participation at **ST. MARK** Parish:

Printed name: _____ Signature: _____



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Grades 1-8 Application for Admission – 2019-2020

Thank you for your interest in ST. MARK Catholic School. To be considered for admission, a non-refundable application fee of \$100 per family and the below items (#1-8) must be submitted to ST. MARK Catholic School.

Date of Application: _____ Applying for Grade: _____ Student's Name: _____

APPLICANT CHECKLIST:

1. _____ All pages of application completed with \$100 non-refundable application fee per family
2. _____ Confidential Student Health History Completed
3. _____ **Official** birth certificate must be presented to school personnel for verification.
4. _____ Baptismal Certificate (Catholics only) plus other sacramental records; indicate if these are held at ST. MARK.
5. _____ Supplemental material (I.E.P., etc.) If not applicable, please mark "N/A".
6. _____ Copy of Custody decree (if divorced). If not applicable, please mark "N/A".

KINDLY ARRANGE FOR THE FOLLOWING TO BE SENT DIRECTLY TO ST. MARK CATHOLIC SCHOOL BY THE STUDENT'S CURRENT SCHOOL:

7. _____ Yes, I've signed and delivered the Release of Student Records form to current school.
8. _____ Yes, I've signed and delivered the Teacher narrative form to current school.

Upon acceptance, new students and those entering Kindergarten **must submit** a Commonwealth of Virginia School Entrance Health Form to the ST. MARK School nurse **by June 1, within 30 days of the child's 5th birthday, or by the 1st day of school.** (The physical exam must have been completed within 12 months prior to the first day of school.) No student will be allowed to attend the first day of classes without meeting this requirement.

I verify that the information provided within this application is complete and correct.

 Printed Name of Parent/Guardian (mm/dd/yyyy) Signature of Parent/Guardian

MAIL OR DELIVER COMPLETED APPLICATION MATERIALS TO:

ST. MARK Catholic School
 ATTN: Admissions
 9972 Vale Road
 Vienna, VA 22181
 Phone: 703 281-9103

ST. MARK Catholic School admits students of any race, color, and national origin.

Applications will be reviewed only after all materials are received.

OFFICE USE ONLY:		
Date of completed app. _____	Teacher Narrative _____	Date sent to Principal _____
\$100 Application Fee & check # _____	Student Health History _____	Date sent to Pastor _____
School Records _____	Immunization Record _____	Status letter & Cert. mailed _____
Assessment/Interview _____	School Entrance Health Form _____	Deadline given for Reg. Fee _____
I.E.P. Yes ___ No ___	Custody Decree Yes ___ No ___	10% deposit received & check # _____
Baptismal Cert. Seen & copied _____	In-Parish _____	Signed contract received _____
Original Birth Certificate	Out of Parish _____	Diocesan Emergency Care
Name as written on Birth Certificate: _____	Non-Catholic _____	Release Form received _____
Place of birth: _____	DOB: _____	File #: _____
Staff Member Verifying Original : _____	Date Verified: _____	



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Grades 1-8 Application for Admission – 2019-2020

STUDENT DATA

Legal Name: Last _____ First _____ Middle _____

Nickname: _____ Sex M F

Home Address: _____ City _____ State _____ Zip _____

Date of Birth: _____ City & State of Birth: _____
 (mm/dd/yyyy)

Please provide the best e-mail address(es) and phone number(s) for “official” school communications:

Email: _____ Email: _____

Telephone: _____ Telephone: _____

~Has your child ever been tested for learning disabilities/differences or developmental concerns or received developmental services (Child Find, etc)? YES _____ NO _____

Please list other siblings Name: _____ School: _____ Grade: _____
 Name: _____ School: _____ Grade: _____
 Name: _____ School: _____ Grade: _____

The following optional but helpful information is for use in applying for Federal Grants and NCEA Data Bank Information:

Ethnic status of child: American Indian/Native Alaskan Asian Black Hispanic
 Native Hawaiian/Pacific Islander White Multi-Racial All Others

Country of Birth (if outside United States of America): _____

Public School System in which student resides: _____ Public School Child Would Attend: _____

Family Background

	<u>Mother</u>	<u>Father</u>
Full Name	_____	_____
Maiden Name	_____	_____
Country of Birth (if outside USA)	_____	_____
Home Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Work Email	_____	_____
Occupation	_____	_____
Employer	_____	_____
Religion	_____	_____
Parish	_____	_____
Primary Language spoken in the home:	_____	_____

Marital Status: Married Single Separated Divorced*
 Mother deceased Father deceased Mother remarried Father remarried

**In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.*

Student lives with: Both Parents Mother Father Guardian (if checked, fill out information for Guardian on next page)

Other languages spoken at home: _____



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Previous Schools Attended:

Name of School	Dates	Grades	Location	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your child ever been asked to leave a school? **YES** _____ **NO** _____
(If yes, please give the name of the school and explain the situation on a separate sheet of paper.)

Student's Religion: _____ Baptized? **YES** _____ **NO** _____

For Catholic Applicants:

Baptism	_____	_____	_____
	Date (mm/dd/yyyy)	Church	City and State

Guardian Information (only if applicable):

Guardian Name _____ Phone _____ Cell Phone _____
 Home Address _____ City _____ State _____ Zip _____
 Occupation _____ Employer _____ Work Phone _____
 Religion _____ Parish _____

Name and Address of person responsible for tuition/fees payment:

Name _____
 Home Address _____ City _____ State _____ Zip _____

HAS YOUR CHILD EVER BEEN RECOMMENDED FOR OR IDENTIFIED AS NEEDING, OR RECEIVED SERVICES FOR:

- | | | |
|-----------------------------------|-----------|----------|
| a) Psychological evaluation | Yes _____ | No _____ |
| b) Special Education | Yes _____ | No _____ |
| c) Speech/language evaluation | Yes _____ | No _____ |
| d) Enrichment | Yes _____ | No _____ |
| e) Grade retention | Yes _____ | No _____ |
| f) ADD or ADHD evaluation | Yes _____ | No _____ |
| g) Learning Disability evaluation | Yes _____ | No _____ |
| h) Other Health Impairments | Yes _____ | No _____ |
| i) Child Find services | Yes _____ | No _____ |

If you marked yes on any indicator, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school. If applicable, please provide dates of IEP, Student Assistance Plan, and Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial.

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission.

If you are requesting an adjustment or accommodation for any program, please describe your request. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and from an appropriate health professional.

** Please keep a copy of your completed application for your records. **