



## *ST. MARK* Catholic School

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



Dear Prospective *ST. MARK* School Parent:

Thank you for your interest in our pre-school program.

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



**ST. MARK Catholic School**  
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### **Pre-School Application Information**

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.** 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](mailto: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 30<sup>th</sup> 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:

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

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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:

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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:

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Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_



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## Pre-School 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 (#1-7) must be submitted to ST. MARK Catholic School.**

Date of Application: \_\_\_\_\_ Applying for (circle): 3-yr old / 4-yr old Student's Name: \_\_\_\_\_

### APPLICANT CHECKLIST:

1. \_\_\_\_\_ Completed application with \$100 non-refundable application fee
2. \_\_\_\_\_ Signed and delivered the Teacher narrative form to current school (for students currently in a pre-school or structured daycare setting). If not applicable, please mark "N/A".
3. \_\_\_\_\_ Confidential Student Health History Completed
4. \_\_\_\_\_ **Official** birth certificate must be presented to school personnel for verification.
5. \_\_\_\_\_ Supplemental material (I.E.P., etc.) If not applicable, please mark "N/A".
6. \_\_\_\_\_ Baptismal Certificate (Catholics only) plus other sacramental records; indicate if these are held at ST. MARK.
7. \_\_\_\_\_ Copy of Custody decree (if applicable). If not applicable, please mark "N/A".

New students **must submit** a Commonwealth of Virginia School Entrance Health Form to the ST. MARK School nurse **prior to the 1<sup>st</sup> 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.

**\*Children must be completely toilet trained (no pull-ups).**

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.

<b>OFFICE USE ONLY:</b>		
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. <b>Seen &amp; copied</b> _____	In-Parish _____	Signed contract received _____
<b>Original Birth Certificate</b>	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 <b>Original</b> : _____	Date Verified: _____	



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**Pre-School 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**

Mother

Father

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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## Pre-School Application for Admission – 2019-2020

### 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.



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**Pre-School Preference Form – 2019-2020**

Dear Parents of 3- and 4-year-olds:

We are extremely grateful for your interest in ST. MARK Catholic Pre-school. Below are the options for your 3-year or 4-year old pre-school child(ren) for the 2019-2020 academic year.

**For returning pre-school students:** please complete this **Preference Form ONLY** and return it to either the main school or the ELC office by Jan. 4<sup>th</sup>. Your FACTS account will be debited in mid-January, for next year's deposit.

**For NEW pre-school students:** enrollment will begin for parishioners and current school families after our *Admissions Open House* on Sunday, Jan. 6, 2019, and then on Jan. 16<sup>th</sup> for those who are out-of-parish. Please complete this **Preference Form** and return it to either the main school or the ELC office with the completed Application form and the Confidential Health History. We must also see the original birth certificate and receive the \$100 application fee in order for the application to be considered.

**Admissions preference will be given according to the following criteria:** Children of volunteers who worked on the Christian Formation Center; Children of staff at ST. MARK Catholic School and Parish and children with siblings already enrolled in ST. MARK Catholic School; Children of ST. MARK Parishioners who are enrolling multiple children; Children of ST. MARK Parishioners; Children from other Catholic parishes without a school; Children from other Catholic parishes; Children of Non-Catholics.

Please indicate your **1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices (this is essential as our pre-school classes fill up quickly):**

**1. Student #1 Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Four-year old options:** (\*\*NOTE: Students must be toilet trained & 4-years-old by September 30, 2019 to enroll)

- \_\_\_\_\_ (3-day) M-W-F multi-age 4- & 3-year-old class (child-centered, differentiated, leadership opportunities): 8:30 a.m. – 12:00 p.m. \_\_\_\_\_ **OR** \_\_\_\_\_ full day, 8:30 a.m. – 3:30 p.m.
- \_\_\_\_\_ (5-day) M-F Pre-Kindergarten class: 8:30 a.m.-12:00 p.m.
- \_\_\_\_\_ (5-day) M-F **Full Day** Pre-Kindergarten class: 8:30 a.m. - 3:30 p.m.

**Three-year old options:** (\*\*NOTE: Students must be toilet trained & 3-years-old by September 30, 2019 to enroll)

- \_\_\_\_\_ (2-day) T-Thurs 3-year-old class: 8:30 a.m. – 12:00 p.m. \_\_\_\_\_ **OR** \_\_\_\_\_ full day, 8:30 a.m. – 3:30 p.m.
- \_\_\_\_\_ (3-day) M-W-F multi-age 3- & 4-year-old class: 8:30am – 12:00pm \_\_\_\_\_ **OR** \_\_\_\_\_ full day, 8:30am–3:30pm
- \_\_\_\_\_ BOTH (2-day and 3-day) – Combining T-Thurs 3-year-old AND M-W-F multi-age 3- & 4-year-old class: 8:30 a.m. – 12:00 p.m. \_\_\_\_\_ **OR** \_\_\_\_\_ full day, 8:30 a.m. – 3:30 p.m.

**2. Student #2 Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Four-year old options:** (\*\*NOTE: Students must be toilet trained & 4-years-old by September 30, 2019 to enroll)

- \_\_\_\_\_ (3-day) M-W-F multi-age 4- & 3-year-old class (child-centered, differentiated, leadership opportunities): 8:30 a.m. – 12:00 p.m. \_\_\_\_\_ **OR** \_\_\_\_\_ full day, 8:30 a.m. – 3:30 p.m.
- \_\_\_\_\_ (5-day) M-F Pre-Kindergarten class: 8:30 a.m.-12:00 p.m.
- \_\_\_\_\_ (5-day) M-F **Full Day** Pre-Kindergarten class: 8:30 a.m. - 3:30 p.m.

**Three-year old options:** (\*\*NOTE: Students must be toilet trained & 3-years-old by September 30, 2019 to enroll)

- \_\_\_\_\_ (2-day) T-Thurs 3-year-old class: 8:30 a.m. – 12:00 p.m. \_\_\_\_\_ **OR** \_\_\_\_\_ full day, 8:30 a.m. – 3:30 p.m.
- \_\_\_\_\_ (3-day) M-W-F multi-age 3- & 4-year-old class: 8:30am – 12:00pm \_\_\_\_\_ **OR** \_\_\_\_\_ full day, 8:30am–3:30pm
- \_\_\_\_\_ BOTH (2-day and 3-day) – Combining T-Thurs 3-year-old AND M-W-F multi-age 3- & 4-year-old class: 8:30 a.m. – 12:00 p.m. \_\_\_\_\_ **OR** \_\_\_\_\_ full day, 8:30 a.m. – 3:30 p.m.

Please retain a copy of this completed form for your records.

**(over)**

## Pre-School Extended Day Interest Form – 2019-2020

Dear Parents of 3- and 4-year-olds:

We are pleased to share that for the 2019-2020 academic year, we will be offering an extended day care (EDC) option for our youngest lions (3 & 4 year olds). In order to assist us in planning, please let us know your interest in taking advantage of our extended day options for pre-school. This is not a binding agreement, but will assist us in program planning and development. **Implementation of the program is dependent upon having a minimum of seven pre-school children enrolled in EDC.** If the program is implemented, a separate document will go out at a later date to admitted students to secure a spot in the program.

As currently envisioned, pre-school extended day would be located in the Early Learning Center, and would be for enrolled 3- and 4-year old pre-school students only. EDC for older ST. MARK students (grades K-8) would continue to be held in the main school building, with its own separate staffing, hours, and fee structure.

Extended Day hours for pre-school would mostly mirror that of K-8 EDC (7am-8:15am in the mornings; 3:30pm-6pm in the evenings; and available for the afternoons of planned early release days – until 3:30pm).

Unlike the K-8 EDC program, the pre-school EDC program would be provided on an ANNUAL, CONTRACT-ONLY basis, without the drop-in/pay-as-you-go option. Payments would be made through FACTS online tuition system.

*Anticipated costs are noted below. Please note that these costs may change as we finalize the program.*

**Please indicate your interest in the following options, even if it's to say you do NOT need EDC:**

**1. Student #1 Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Pre-School Extended Day Care options:**

- \_\_\_\_\_ Morning Only: 7:00 a.m. – 8:15 a.m.
- \_\_\_\_\_ Morning AND half-days: 7:00 a.m. – 8:15 a.m. (and half days until 3:30pm)
- \_\_\_\_\_ Afternoon Only: 3:30 p.m. – 6:00 p.m. (including half days until 6:00pm)
- \_\_\_\_\_ Morning AND Afternoon (including half days until 6:00pm)
- \_\_\_\_\_ Morning AND Afternoon
- \_\_\_\_\_ **NO PRE-SCHOOL EDC NEEDED**

**2. Student #2 Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Pre-School Extended Day Care options:**

- \_\_\_\_\_ Morning Only: 7:00 a.m. – 8:15 a.m.
- \_\_\_\_\_ Morning AND half-days: 7:00 a.m. – 8:15 a.m. (and half days until 3:30pm)
- \_\_\_\_\_ Afternoon Only: 3:30 p.m. – 6:00 p.m. (including half days until 6:00pm)
- \_\_\_\_\_ Morning AND Afternoon (including half days until 6:00pm)
- \_\_\_\_\_ **NO PRE-SCHOOL EDC NEEDED**

### Pre-School Extended Day Care Fees – 2019-2020

Extended Day Care Option	Fees (available on annual contract-only basis)	
Morning Only (7am-8:15am)	\$2,200	(\$220/month)*
Morning AND half-days: 7:00 a.m. – 8:15 a.m. (and half days until 3:30pm)	\$2,580	(\$258/month)*
Afternoon Only: 3:30 p.m. – 6:00 p.m. (including half days until 6:00pm)	\$4,300	(\$430/month)*
Morning AND Afternoon (including half days until 6:00pm)	\$6,200	(\$620/month)*

\* Monthly fees if paying evenly over 10 months.