



APPLICATION FOR ADMISSION 2020-2021

Student Information

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City State

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Sex \_\_\_ Male \_\_\_ Female

School Presently Attending \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child presently have a Learning Service Plan (IEP/504) or any learning/behavioral difficulties that you are aware of? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_

*St. Matthew School does not offer Special Education services. We differentiate our instruction within the classroom setting and mainstream students with mild learning disabilities. The MSD MV provides assistance for students with speech/language difficulties and mild learning disabilities.*

Does your child have any allergies or special medical conditions? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_

Race and Ethnicity

Part 1: Ethnicity—Is this child Hispanic/Latino?

- \_\_\_ No, not Hispanic/Latino
- \_\_\_ Yes, Hispanic/Latino

*St. Matthew School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students or schools.*

Part 2: Race—What is this child's race?

- \_\_\_ American Indian or Alaska Native
- \_\_\_ Asian
- \_\_\_ Black or African American
- \_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_ White

What is the native language of this child? \_\_\_\_\_

What language(s) is spoken most often to the student? \_\_\_\_\_

What language (s) is spoken by the student at home? \_\_\_\_\_

## Family Information

Head of Household \_\_\_\_\_

Parents: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Deceased \_\_\_\_\_

Child is living with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Street

\_\_\_\_\_ Cell Phone \_\_\_\_\_

City State Zip Code

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Religion \_\_\_\_\_ Church/Parish \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Street

\_\_\_\_\_ Cell Phone \_\_\_\_\_

City State Zip Code

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Religion \_\_\_\_\_ Church/Parish \_\_\_\_\_

In order for this application to be complete, the following must also be submitted if applicable:

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate   | <input type="checkbox"/> Learning Service Plan       |
| <input type="checkbox"/> Baptismal Certificate                                       | <input type="checkbox"/> Previous Year's Report Card |
| <input type="checkbox"/> Health Record/Immunizations                                 | <input type="checkbox"/> Standardized Test Scores    |
| <input type="checkbox"/> \$125 nonrefundable deposit (1/2 of book fee) Check # _____ |  |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This signature verifies that all information is true and accurate. Complete application packets will be reviewed and processed for admission. St. Matthew School will notify the person(s) completing this form upon acceptance of your child(ren).