



APPLICATION FOR ADMISSION 2021-2022

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).