



St. Matthew
CATHOLIC SCHOOL
Excellence in learning, living and serving

_____ Date

Applicant's Name _____

Applying For Grade: _____

Entering in August 20 _____

Have you applied to St. Matthew before? Yes No

If yes, when? _____

APPLICATION FOR ADMISSION

Instructions: Please print clearly or type. A non-refundable application fee of \$25 must accompany this form. Please review the Application Checklist to ensure that your application is complete.

APPLICANT

Name _____

Last

First

Middle

Prefer to be called _____

Male

Female

Home Address _____

House Number and Street

City

State

Zip/Postal Code

Home Phone _____

Date of Birth _____

Month

Day

Year

Is applicant a U.S. Citizen? Yes

No If no, Citizen of: _____

Country

Will applicant require an I-20 Visa?

Yes

No

Language Spoken At Home: _____

Student Ethnicity/Race:

Ethnicity (Mark only one)

Hispanic or Latino

Not Hispanic or Latino

Race (Mark one or more)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Student's Religion: _____

Church Attending: _____

Public School Student Would Attend: _____

School District: _____

School Attending Now: _____

How did you hear about St. Matthew? _____

What is your main reason for choosing St. Matthew? _____

Has the applicant ever been suspended or dismissed from school? _____ If Yes (Reason) _____

Please indicate any special circumstances that may have interrupted or affected the applicant's performance at school.

Does the applicant have any clinically diagnosed learning difference? (speech/language therapy, resource classes, ADHD, ADD, dyslexia, other): _____

Does the applicant have any physical disabilities? _____

(The school must be provided with documentation in order for accommodations to be made).

Has the applicant ever been on medication for educational purposes?

Yes

No

Is the applicant on medication for educational purposes now?

Yes

No

Does the applicant have an IEP at current school? (Individual Educational Plan)

Yes

No

Are there any classroom modifications in place at current school?

Yes

No

FAMILY INFORMATION

Father's Name _____ Marital Status: _____
 Address (if different from student): _____
 Father's Email Address: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Occupation: _____ Employer: _____
 Religion: _____

Mother's Name _____ Marital Status: _____
 Address (if different from student): _____
 Mother's Email Address: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Occupation: _____ Employer: _____
 Religion: _____

Stepfather's Name _____
 Address (if different from student): _____
 Stepfather's Email Address: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Occupation: _____ Employer: _____
 Religion: _____

Stepmother's Name _____
 Address (if different from student): _____
 Stepmother's Email Address: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Occupation: _____ Employer: _____
 Religion: _____

ADDITIONAL FAMILY INFORMATION

Applicant's brothers and sisters:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

I attest that the information provided is true to the best of my knowledge and that any misrepresentation of facts on this application may result in denial or revocation of admission.

Parent Signature _____ Date _____