

NEW FAMILY ENROLLMENT FORM

St. Matthew School

4-YEAR OLD KINDERGARTEN (4K), 5-YEAR OLD KINDERGARTEN (5K) AND GRADES 1-8

(A form is needed for **each child's** enrollment.)

PLEASE PRINT TODAY'S DATE _____/_____/_____ GRADE TO ENTER IN SEPTEMBER _____

4K students are considered full-time unless otherwise noted.

Full day 4K slots take priority over half day.

CHILD'S NAME _____ / _____
Last First Middle Male Female

ADDRESS _____
Street

_____ City _____ Zip Code _____ Religion _____

DATE OF BIRTH _____/_____/_____ TELEPHONE (Indicate if unlisted. Include area code.) _____

SCHOOL LAST ATTENDED _____

SCHOOL ADDRESS _____
Street City/State Zip Code DOES

YOUR CHILD HAVE ANY SPECIAL NEEDS? _____ YES _____ NO IF YES, PLEASE EXPLAIN _____

HAS YOUR CHILD HAD ANY DISCIPLINARY ISSUES AT THEIR PREVIOUS SCHOOL? _____ YES _____ NO

IF YES, PLEASE EXPLAIN _____

DOES YOUR CHILD HAVE AN IEP? _____ YES _____ NO (IF YES, A COPY SHOULD BE GIVEN TO THE SCHOOL OFFICE.) WERE

YOU REFERRED BY A CURRENT ST. MATTHEW SCHOOL FAMILY? (Name) _____

CHILD RESIDES WITH: _____ Both Parents
_____ Father Only
_____ Mother Only
_____ JOINT Custody
_____ Guardian

RACE: _____ Asian
_____ American Indian/Native Alaskan
_____ Black/African American
_____ Hispanic
_____ Native Hawaiian/Other Pacific Islander
_____ White
_____ Multi-racial to

If you feel there is a reason we should have a copy of the Divorce Decree regarding the arrangements of the child/ren, a copy should be forwarded the school office where it will be kept CONFIDENTIAL.

NAMES AND AGES OF BROTHERS AND SISTERS _____

BAPTISMAL RECORD (If Baptized)

FIRST COMMUNION RECORD (If Received Sacrament)

DATE _____

DATE _____

CHURCH _____

CHURCH _____

CITY/STATE _____

CITY/STATE _____

FIRST PENANCE RECORD (If Received Sacrament) DATE _____

CHURCH _____

CITY/STATE _____

--- -- **OVER** --- --

FATHER'S NAME _____
Last First Middle OCCUPATION_
RELIGION _____

E-MAIL ADDRESS _____

EMPLOYER _____

MOTHER'S NAME _____
Last First Middle Maiden

OCCUPATION _____ RELIGION _____

E-MAIL ADDRESS _____

EMPLOYER _____

THE FAMILY IS REGISTERED AT _____ PARISH.

SIGNATURE _____ DATE _____

Please include with enrollment:

- \$100.00 (PER CHILD) TUITION DEPOSIT REQUIRED WITH THIS APPLICATION.** Cash or check payable to St. Matthew School. The tuition deposit will be refunded if the grade for which you are registering your child is at its maximum.
- Original certified birth certificate **IS REQUIRED AND INCLUDED** with this registration.
- Copy of baptismal certificate (if child is baptized) **IS REQUIRED AND INCLUDED** with this registration.*
- My child was baptized at St. Matthew Church; therefore, a baptismal certificate is not included with this registration.
- Copy of immunization record **IS REQUIRED AND INCLUDED** with this registration.
- Copy of First Reconciliation/Penance certificate (if child received sacrament) **IS REQUIRED AND INCLUDED** with this registration.*
- My child received First Reconciliation/Penance at St. Matthew Church; therefore, a certificate is not included with this registration.
- Copy of First Communion certificate (if child received sacrament) **IS REQUIRED AND INCLUDED** with this registration.*
- My child received First Communion at St. Matthew Church; therefore, a certificate is not included with this registration.

*Call church where sacrament/s took place and have a copy emailed to school@stmattoc.org.

All new students admitted to the school are enrolled on a probationary status for one semester. Administrative and faculty assessments will be made during this period of time to determine if the school can meet a student's needs. At the end of the probationary period, a student may be removed from probation, may have the probationary period extended, or may be dismissed from the school.

- * St. Matthew School admits students of any race, color and national or ethnic origin.
- * St. Matthew School accepts children of all religious affiliation.
- * To enter 4-year-old Kindergarten (4K), the child must be four years of age on or before September 1. To enter 5-year-old Kindergarten (5K), the child must be five years of age on or before September 1. To enter First grade, the child must be six years of age on or before September 1. This is a Wisconsin State Law requirement.
- * All students must also meet state immunization requirements.

FOR OFFICE USE ONLY:
Date returned _____ Tuition Deposit \$ _____ Check # _____ Cash \$ _____ Initial _____
Registration approved by _____ Director of Administrative Services _____
Revised 4/5/19