

NEW FAMILY REGISTRATION 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.)

CIRCLE

4K Full Day

4K Half Day

PLEASE PRINT TODAY'S DATE ____/____/____

GRADE TO ENTER IN SEPTEMBER _____

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

ADDRESS _____
Street

_____ City _____ Zip Code _____ Religion _____

DATE OF BIRTH ____/____/____ TELEPHONE (Indicate if unlisted and include area code) _____

SCHOOL LAST ATTENDED _____

SCHOOL ADDRESS _____
Street City/State Zip Code

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

CHILD RESIDES WITH: _____ Both Parents	RACE: _____ Asian
_____ Father Only	_____ American Indian/Native Alaskan
_____ Mother Only	_____ Black/African American
_____ JOINT Custody	_____ Hispanic
_____ Guardian	_____ Native Hawaiian/Other Pacific Islander

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 to the school office where it will be kept CONFIDENTIAL. (OPTIONAL-This information used to complete statistical data.)

NAMES AND AGES OF BROTHERS AND SISTERS _____

BAPTISMAL RECORD (If Catholic)

FIRST COMMUNION RECORD

DATE _____

DATE _____

CHURCH _____

CHURCH _____

CITY/STATE _____

CITY/STATE _____

FIRST PENANCE RECORD

DATE _____

CHURCH _____

CITY/STATE _____

- Original certified birth certificate **IS REQUIRED AND INCLUDED** with registration.
- Copy of baptismal certificate (unless baptized at St. Matthew Church) **IS REQUIRED AND INCLUDED** with this registration. Call parish where baptism took place and have a copy faxed to us at 414-762-4555.
- My child was baptized at St. Matthew Church; therefore, a baptismal certificate is not included.
- Copy of immunization record **IS REQUIRED AND INCLUDED** with registration.
- Copy of First Penance certificate (if not at St. Matthew Church) **IS REQUIRED AND INCLUDED** with registration, if applicable. Call parish where penance took place and have a copy faxed to us at 414-762-4555.
- Copy of First Communion certificate (if not at St. Matthew Church) **IS REQUIRED AND INCLUDED** with registration, if applicable. Call parish where communion took place and have a copy faxed to us at 414-762-4555.

OVER Please . . .

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

\$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.

- * 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), Wisconsin State Law requires that the child must be four years of age on or before September 1.
- * To enter 5-year-old Kindergarten (5K), Wisconsin State Law requires that the child must be five years of age on or before September 1.
- * To enter First grade, Wisconsin State Law requires that the child must be six years of age on or before September 1.
- * All students must also meet state immunization requirements.

FOR OFFICE USE ONLY:

Date returned _____ Fee Amount \$ _____ Check # _____ Cash \$ _____ Initial _____

Registration approved by _____ Director of Administrative Services