



ST. MATTHEW SCHOOL REGISTRATION 2020-2021

Student Name _____
Last First Middle

Date of Birth _____ Gender _____

Grade (K5-8th) entering in Fall 2020 _____ **Preschool Program** _____ (please specify below)

K3 (M, W, F- FULL DAY) _____ K3 (M-F FULL DAY) _____ K4 (M-F FULL DAY) _____

Father _____
Last First Religion

Mother _____
Last First Religion

Street Address _____

City, State, Zip code _____

Home Phone_(_____)_____

Cell Phone - Mom *_(_____)_____ Dad *_(_____)_____

*must be able to receive a text message

Email address - Mom: _____ Dad: _____

If divorced or separated, parental custody is with: (Please provide court paperwork)

Mother _____ Father _____ Joint _____ Other _____

FAMILY IS A REGISTERED MEMBER OF:

_____ St. Matthew Parish _____ Other _____ (please specify)

TRANSPORATION for 2020/2021:

Will your child/children be riding the bus (must live outside village of Campbellsport)?* YES _____ NO _____
If yes, how many miles is your home from school? _____ AM _____ PM _____

***K3 STUDENTS DO NOT QUALIFY FOR BUSING.**

Signature _____

Date _____