



ST. MATTHEW SCHOOL REGISTRATION 2024-2025

Student Name _____
Last First Middle

Date of Birth _____ Gender _____ Student Religion _____

Grade entering in Fall 2024: (K5-8) _____ Preschool Program _____ (K3/K4: see 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 text messages

Email address - Mom: _____ Dad: _____

If separated/divorced, parental custody is with: Please provide court paperwork for our records.

Mother _____ Father _____ Joint _____ Other _____

FAMILY IS A REGISTERED MEMBER OF:

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

TRANSPORATION for 2024/2025 (Available for students K4 and up):

Will your child/children be riding the bus? * YES _____ NO _____

If yes, how many miles is your home from school? _____ AM _____ PM _____

Signature _____ Date _____

***NON-REFUNDABLE REGISTRATION FEE OF \$25 PER STUDENT (\$50 MAXIMUM PER FAMILY)**