



## ST. MATTHEW SCHOOL REGISTRATION 2025-2026

Student Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Student Religion \_\_\_\_\_

Grade entering in Fall 2025: (K5-8) \_\_\_\_\_

K3/K4 Options: K3 PT (M/W/F) \_\_\_\_\_ K3 FT (M-F) \_\_\_\_\_ K4 FT (M-F) \_\_\_\_\_

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 2025/2026 (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)**