



**St. Matthew**  
**CATHOLIC SCHOOL**  
*Excellence in learning, living and serving*

\_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applying For Grade: \_\_\_\_\_

Entering in August 20 \_\_\_\_\_

Have you applied to St. Matthew before?  Yes  No

If yes, when? \_\_\_\_\_

## APPLICATION FOR ADMISSION

Instructions: Please print clearly or type. A non-refundable application fee of \$25 must accompany this form. Please review the Application Checklist to ensure that your application is complete.

### APPLICANT

Name \_\_\_\_\_

Last

First

Middle

Prefer to be called \_\_\_\_\_

Male

Female

Home Address \_\_\_\_\_

House Number and Street

City

State

Zip/Postal Code

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Month

Day

Year

Is applicant a U.S. Citizen?  Yes

No If no, Citizen of: \_\_\_\_\_

Country

Will applicant require an I-20 Visa?

Yes

No

Language Spoken At Home: \_\_\_\_\_

Student's Religion: \_\_\_\_\_

Church Attending: \_\_\_\_\_

Public School Student Would Attend: \_\_\_\_\_

School District: \_\_\_\_\_

School Attending Now: \_\_\_\_\_

How did you hear about St. Matthew? \_\_\_\_\_

What is your main reason for choosing St. Matthew? \_\_\_\_\_

Has the applicant ever been suspended or dismissed from school? \_\_\_\_\_ If Yes (Reason) \_\_\_\_\_

Please indicate any special circumstances that may have interrupted or affected the applicant's performance at school.

Does the applicant have any clinically diagnosed learning difference? (speech/language therapy, resource classes, ADHD, ADD, dyslexia, other): \_\_\_\_\_

Does the applicant have any physical disabilities? \_\_\_\_\_

(The school must be provided with documentation in order for accommodations to be made).

Has the applicant ever been on medication for educational purposes?

Yes

No

Is the applicant on medication for educational purposes now?

Yes

No

Does the applicant have an IEP at current school? (Individual Educational Plan)

Yes

No

Are there any classroom modifications in place at current school?

Yes

No

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Address (if different from student): \_\_\_\_\_  
 Father's Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Religion: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Address (if different from student): \_\_\_\_\_  
 Mother's Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Religion: \_\_\_\_\_

Stepfather's Name \_\_\_\_\_  
 Address (if different from student): \_\_\_\_\_  
 Stepfather's Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Religion: \_\_\_\_\_

Stepmother's Name \_\_\_\_\_  
 Address (if different from student): \_\_\_\_\_  
 Stepmother's Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Religion: \_\_\_\_\_

**ADDITIONAL FAMILY INFORMATION**

Applicant's brothers and sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

I attest that the information provided is true to the best of my knowledge and that any misrepresentation of facts on this application may result in denial or revocation of admission.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_