

## ST. MATTHIAS SCHOOL APPLICATION FOR ADMISSION



We are so glad you have taken the time to get to know us.  
Please complete this application for admission on behalf of your child.

### ADMISSION PROCESS

#### **Submit these items for admission review**

- Please complete one form for each child applying (Pre-K Program Selection on page 4).
- Include a copy of child's birth certificate and baptismal certificate (if applicable).
- Report cards from previous school should be included for transfer applicants, grade 1 - 7.
- An application fee of \$50 per student (non-refundable) should accompany your application.
- Financial Aid is available, see page 2 or contact the principal.

**APPLICANT INFORMATION** Please complete one form for each child applying. Thank you.

Applying For Grade \_\_\_\_\_ Academic Year \_\_\_\_\_

Student name (last, first, middle) \_\_\_\_\_ Nickname if any \_\_\_\_\_

Male  Female \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth (city, state or country) \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Religion \_\_\_\_\_

Baptismal information (date, church, city and state) \_\_\_\_\_

Race (optional)  
 American Indian or Alaskan  Asian  Black or African American  Hispanic/Latino  
 Middle Eastern  Native Hawaiian or other Pacific islander  White  Two or more races

Languages spoken at home \_\_\_\_\_

Medical or developmental conditions we should be aware of in order to serve your student:  yes  no

If yes, please explain: \_\_\_\_\_

**FAMILY INFORMATION**

Primary Email (used during the admissions process) \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent #1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Parent #1 Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Parent #2 Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Student Lives with:  Both  Parent #1  Parent #2

If applicant does not live with both parents in one household, please describe living arrangements: \_\_\_\_\_

Please indicate to whom all school's communication should be directed: \_\_\_\_\_

Who will be financially responsible for the education of this child? \_\_\_\_\_

**Would you like us to send you information about financial aid?**  yes  no (applying for financial aid has no bearing on admissions decisions)

## SIBLING INFORMATION

1. Sibling's Full Name \_\_\_\_\_  Male  Female

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

2. Sibling's Full Name \_\_\_\_\_  Male  Female

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

3. Sibling's Full Name \_\_\_\_\_  Male  Female

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

## SCHOOL INFORMATION

Student's Current School/Preschool \_\_\_\_\_ Current Grade \_\_\_\_\_

Dates attended \_\_\_\_\_ School's Phone \_\_\_\_\_

School's address \_\_\_\_\_

How did you hear about St. Matthias School? \_\_\_\_\_

## PARISHIONER STATUS

Are you a St. Matthias Parishioner?  yes  no

If not, which church do you attend? \_\_\_\_\_

## SUBMISSION

Non-refundable \$50 application fee per student is enclosed  A copy of the most recent report card is enclosed (for grades 1-7 only)

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*St. Matthias School does not discriminate on the basis of sex, race, color, or national origin in the administration of admissions and educational policies, financial aid, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision.*

**[Turn page for Pre-K Program Selection >](#)**

## PRE-K PROGRAM SELECTION

Please indicate your preference in classes. We offer a variety of options and do our best to honor your requests upon admission.

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### 3-Year-old Program

Child must be 3 years old by September 1 at the beginning of the school year. This is a state law and no exceptions are permitted. Please specify full or half day below, including how many days.

- \_\_\_\_\_ 5 FULL DAYS
  - \_\_\_\_\_ 3 FULL DAYS (Tuesday, Wednesday, Thursday)
  - \_\_\_\_\_ 5 HALF DAYS (8:00 -11:40 a.m.)
  - \_\_\_\_\_ 3 HALF DAYS (8:00 -11:40 a.m., Tuesday, Wednesday, Thursday)
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### 4-Year-old Program

Child must be 4 years old by September 1 at the beginning of the school year. This is a state law and no exceptions are permitted. Please specify full or half day below, including how many days.

- \_\_\_\_\_ 5 FULL DAYS
- \_\_\_\_\_ 3 FULL DAYS (Tuesday, Wednesday, Thursday)
- \_\_\_\_\_ 5 HALF DAYS (8:00 -11:40 a.m.)
- \_\_\_\_\_ 3 HALF DAYS (8:00 -11:40 a.m., Tuesday, Wednesday, Thursday)

- All Pre-K students must be toilet trained before the beginning of the school year. No exceptions may be made to this policy.
  - All Pre-K families must complete the required family survey. The purpose of this document is to provide information to the classroom teachers that will help them to ensure the most successful environment for your child. The information on this survey will not be used for any other purpose and will be kept confidential. It's use is limited to the classroom teacher and school administration.
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For office use only

Date received \_\_\_\_\_ Check # \_\_\_\_\_

Check Amount \_\_\_\_\_ Parishioner Status \_\_\_\_\_

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