

SAINT MATTHEW SCHOOL ENROLLMENT APPLICATION

Today's date _____

Students' name(s) _____	SS# _____	Gender M / F DOB _____	Enrolling Grade _____	Catholic <u>Y / N</u>
_____	SS# _____	Gender M / F DOB _____	Enrolling Grade _____	Catholic <u>Y / N</u>
_____	SS# _____	Gender M / F DOB _____	Enrolling Grade _____	Catholic <u>Y / N</u>

Students' Address _____ City _____ State _____ Zip _____

Father's Name _____ E-mail Address _____ Home Phone _____ Business Phone _____

Father's Address (if different than student) _____ City _____ State _____ Zip _____

Mother's Name _____ E-mail Address _____ Home Phone _____ Business Phone _____

Mother's Address (if different than student) _____ City _____ State _____ Zip _____

Single Married Separated Divorced Widowed Student lives with: Both Parents Mother Father Guardian

How did you hear about St. Matthew School? _____