



# St. Matthew Catholic School

## New Student Registration Form

### 2018-2019

Family Last Name: \_\_\_\_\_

*A non-refundable registration fee is required to be returned with this form. For all grades, Pre-K through 8<sup>th</sup>, fees are \$100 per child. Open enrollment for families new to St. Matthew School will begin on January 28, 2018.*

#### GRADES 1 THROUGH 8 REGISTRATION

*Please list each student you wish to enroll for Grades 1 through 8 and indicate their current school. Please attach a copy of their most recent report card, standardized testing, birth certificate, and immunization records.*

STUDENT NAME	GRADE 2018-19	CURRENT SCHOOL

#### KINDERGARTEN REGISTRATION

*Kindergarten is a full-day program and follows the standard St. Matthew School day. An official birth certificate and immunization record must be presented to the school. Students must be five years old by September 1, 2018.*

STUDENT NAME	DATE OF BIRTH	CURRENT PRESCHOOL

#### PRESCHOOL REGISTRATION

*Pre-K for students four years of age by Sept. 1, 2018, can be either a five-day program (currently \$535/\$590 per month) or a three-day program (currently \$320/\$345 per month). Preschool for students three years of age by Sept. 1, 2018, is a half-day program two days a week (currently \$155/\$175 per month). PLEASE NOTE: THESE FEES ARE SEPARATE FROM REGULAR SCHOOL TUITION!*

STUDENT NAME	Circle One	DATE OF BIRTH	CURRENT PRESCHOOL
	3's 4's (5 day) 4's (3 day)		
	3's 4's (5 day) 4's (3 day)		

*For school Use Only:*      *Employee* \_\_\_\_\_ *Date* \_\_\_\_\_  
*Amount Paid \$* \_\_\_\_\_ *Check #* \_\_\_\_\_ *Balance Due:* \_\_\_\_\_

All schools operated by schools and parishes under the guidance of the Roman Catholic Archdiocese of Indianapolis admit students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The schools do not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



# St. Matthew Catholic School Enrollment Application

Today's Date: \_\_\_\_\_

*For required Indiana Department of Education Reporting:*

Student Name(s)	Last Four #'s of Soc.Sec. #	Gender	Date of Birth	Enrolling Grade	Catholic	Current Parish
		M F			Y N	
		M F			Y N	
		M F			Y N	

*For required Indiana Department of Education Reporting:*

Student Ethnicity: \_\_\_\_\_ Native Language of Student(s): \_\_\_\_\_

\_\_\_\_\_  
Address of Student(s) City State Zip Code

\_\_\_\_\_  
Father's Name Email Address Home Phone Cell Phone

\_\_\_\_\_  
Father's Address (if different than student) City State Zip Code

\_\_\_\_\_  
Mother's Name Email Address Home Phone Cell Phone

\_\_\_\_\_  
Mother's Address (if different than student) City State Zip Code

(Please circle one) Single Married Separated Divorced Widowed Student lives with: (Please circle one) Both Parents Mother Father Guardian

County of Residence: \_\_\_\_\_ Public School District: \_\_\_\_\_

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

*St. Matthew Catholic School admits students of any race, color or national or ethnic origin.*



# St. Matthew Catholic School Enrollment Application

Has educational testing (gifted or remedial) been completed or requested regarding your child?  
YES or NO      If yes, please explain the results:

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Has your child been diagnosed with a medical condition that would affect his/her learning?  
YES or NO      If yes, please explain:

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Does your child have an Individual Education Plan (IEP)?  
YES or NO      If yes, please indicate which child(ren), mark area(s) and explain:

Speech      Language Arts      Mathematics      Other

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Was your child/children absent or tardy more than 10 times last year?  
YES or NO      If yes, please explain why:

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Has your child ever been denied admittance to another private/parochial school?  
YES or NO      If yes, please explain:

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Has your child ever been expelled, suspended, or asked to withdraw from any school?  
YES or NO      If yes, please explain:

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Please disclose any discipline issues your child(ren) may have experienced at previous school(s).  
(NOTE: Failure to disclose discipline matters can result in revocation of acceptance to St. Matthew School at any time.)

If YES, please explain with specifics.      If NO, please mark this box and initial. ☐ \_\_\_\_\_

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## Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

**Please answer the following questions regarding the language spoken by the student:**

1. What is the native language of the **student**? \_\_\_\_\_

2. What language(s) is spoken most often by the **student**? \_\_\_\_\_

3. What language(s) is spoken by the **student** in the home? \_\_\_\_\_

*(If student is a transfer student and has indicated a language other than English in any line above, please complete #4)*

4. What level of OVERALL proficiency is the student on his/her most recent LAS Links/WIDA Assessment? \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing here, you certify that responses to the four questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

If student is a transfer student, parent/guardian agrees to help the current school obtain the ORIGINAL Home Language Survey from the student's first school in Indiana, as required by the Indiana Department of Education.

### **For School Use Only:**

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: \_\_\_\_\_ Date: \_\_\_\_\_