



St. Matthew Catholic School New Student Registration Form 2022-2023

Family Last Name: _____

A \$100 non-refundable registration fee per student is required with this form. We welcome applications at any time, but open enrollment for non-parishioner families new to St. Matthew School will be reviewed after January 30, 2022.

GRADES KG – 8 REGISTRATION

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

Kindergarten is a full-day program and follows the standard St. Matthew School day. Students must be five years old by September 1, 2022.

STUDENT NAME	GRADE 2022-23	CURRENT SCHOOL

PRESCHOOL & PRE-K REGISTRATION

Pre-K for students four years of age by Sept 1, 2022 can be either a five-day program or a three-day program. Preschool for students three years of age by Sept. 1, 2022, is a half-day program two days a week. PLEASE NOTE: 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)		

<i>For school Use Only:</i>	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:
Last Four #'s _____

Current _____

Student Name(s)	of Soc.Sec. #	Gender	Date of Birth	Enrolling Grade	Catholic	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

(Please circle one)
Student lives with: 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:

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

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

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

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

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

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. _____



St. Matthew Catholic School Enrollment Application

Please tell us about your child. We desire to know our students as a whole person in order for us to meet his/her educational potential. Please write a short description of your child (strengths and weaknesses). This information is confidential and is needed so we may be able to serve his/her needs in the best manner possible.

The information contained in this application is true and correct to the best of my knowledge. I understand that St. Matthew School reserves the right to withdraw my student from school if information is not revealed or accurate.

Parent/Guardian Signature

Date



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: _____