

*1st – 8th Grades
Application for Enrollment*



SEEKING KNOWLEDGE + MODELING CHRIST + SERVING OTHERS



Saint Matthew School

ESTABLISHED 2001

To complete the enrollment application process, please provide each of the following items:

- This application completed, signed and dated
- Current photo of applicant
- Copy of birth certificate
- Copy of baptismal certificate
- Copy of First Communion certificate (if applicable)
- Copy of report card (current year)
- Copy of report card (previous year)
- Copy of most recent standardized test results
- Copy of educational and/or psychological testing (if applicable)
- TN Dept. of Health Certificate of Immunization
- \$50 non-refundable application fee payable to St. Matthew School

Applicant's Information: (please print clearly)

APPLICANT'S LAST NAME FIRST NAME MIDDLE NAME PREFERS TO BE CALLED

APPLICANT'S SOCIAL SECURITY NUMBER DATE OF BIRTH

Gender: Male Female

Please select one: African American Hawaiian/Pacific Islander
 American Indian/Native Alaskan Hispanic
 Asian Multi-racial
 Caucasian Other: _____

APPLICANT'S STREET ADDRESS CITY, STATE & ZIP

APPLICANT'S HOME PHONE PARENT CELL

PREFERRED PARENT E-MAIL ADDRESS

APPLICANT'S RELIGION IF CATHOLIC, LIST PARISH

APPLICANT'S BAPTISM DATE CHURCH CITY & STATE

APPLICANT'S FIRST COMMUNION DATE CHURCH CITY & STATE

APPLICANT'S CURRENT SCHOOL CURRENT GRADE

SCHOOL ADDRESS CITY, STATE & ZIP

Please list former schools in order beginning with most recent:

SCHOOL CITY & STATE DATES ATTENDED

SCHOOL CITY & STATE DATES ATTENDED

SCHOOL CITY & STATE DATES ATTENDED

Applying for grade: _____ **Requested date of entrance:** _____

T-shirt size: Youth S Youth M Youth L
 Adult S Adult M Adult L

For office use only:

DATE RECEIVED

If extra space is needed for your answers, please attach a separate sheet.

Confidential Information: (please print clearly)

Please note: Although we attempt to meet the needs of each student, we are not equipped to teach students with severe learning disabilities. In the event that we cannot adequately meet your child's needs, we will notify you. The following information is requested in order to meet the individual needs of your child. Misrepresentation of information on this form may result in expulsion.

1. What is your child's general health?

- Excellent Satisfactory Poor
 Good Fair

2. Is your child on any type of medication?

- Yes No

If "Yes," please list:

MEDICATION #1	DOSAGE
DIAGNOSIS	
MEDICATION #2	DOSAGE
DIAGNOSIS	

3. Does your child have any physical disabilities of which you are aware?

- Yes No

If "Yes," please explain:

4. Does your child have any learning disabilities of which you are aware?

- Yes No

Do you suspect any disability?

- Yes No

If "Yes" to either question, please explain and list any testing that has been completed:

5. Has your child ever been treated by a psychiatrist, psychologist or counselor?

- Yes No

If "Yes," please list names and addresses of professionals:

NAME

ADDRESS

NAME

ADDRESS

Do you grant permission for the school to communicate with the above mentioned professionals concerning your child's specific needs?

- Yes No Does not apply

Comments:

6. Is there any additional information concerning your child we should be aware of?

7. Briefly describe your child's personality and disposition (e.g. outgoing, shy, cheerful, anxious)

SIGNATURE OF PARENT/GUARDIAN

DATE