

*Application for Admission  
Grades 1-8*



SEEKING KNOWLEDGE + MODELING CHRIST + SERVING OTHERS



*Saint Matthew School*

ESTABLISHED 2001

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

- Current photo of applicant
- Copy of birth certificate
- Copy of baptismal certificate (if applicable)
- Copy of First Communion certificate (if applicable)
- TN Department of Health Certificate of Immunization
- Copy of report card from current and previous year
- Copy of most recent standardized tests
- Copy of psychoeducational evaluation (within 3 years, if applicable)
- Current and past individual education plan (IEP), service plan (SSP), 504 accommodation plan, behavioral plan, etc. (3 years, if applicable)
- \$50 non-refundable application fee, payable to Saint Matthew School

**For office use only:**

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DATE RECEIVED

**Applicant's Information:** (please print clearly)

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

Male     Female

APPLICANT'S SOCIAL SECURITY NUMBER                      DATE OF BIRTH                      GENDER

**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

**Applying for grade:** \_\_\_\_\_    **Requested date of entrance:** \_\_\_\_\_

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

**Please list three references for your child, including a current or former (within 2 years) teacher. You may also include coaches, scout leaders, etc. Please list no more than one family member, but do not include a parent.**

NAME                      RELATIONSHIP TO APPLICANT                      PHONE                      EMAIL

NAME                      RELATIONSHIP TO APPLICANT                      PHONE                      EMAIL

**Family Information:** (please print clearly)

**Parent(s):**    Married    Single    Separated    Divorced    Mother deceased    Father deceased

**If divorced or legally separated, who is the custodial parent?**    Mother    Father    Both

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FATHER'S NAME	PREFERS TO BE CALLED	RELIGION
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ADDRESS (IF DIFFERENT FROM APPLICANT)	CITY, STATE & ZIP
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HOME PHONE (IF DIFFERENT FROM APPLICANT)	FATHER'S CELL	FATHER'S E-MAIL ADDRESS
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OCCUPATION	EMPLOYER
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PATERNAL GRANDPARENTS' NAMES

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ADDRESS	CITY, STATE & ZIP
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MOTHER'S NAME	PREFERS TO BE CALLED	RELIGION
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ADDRESS (IF DIFFERENT FROM APPLICANT)	CITY, STATE & ZIP
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HOME PHONE (IF DIFFERENT FROM APPLICANT)	MOTHER'S CELL	MOTHER'S E-MAIL ADDRESS
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OCCUPATION	EMPLOYER
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MATERNAL GRANDPARENTS' NAMES

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ADDRESS	CITY, STATE & ZIP
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**Siblings of applicant:**

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NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
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NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
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NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
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STEPPARENT'S NAME	ADDRESS
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STEPPARENT'S NAME	ADDRESS
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**Additional Information:** (please print clearly)

**Please note:** The following information is used to assess our ability to meet the needs of your child. Misrepresentation of information on this form will cause admission status to be reconsidered. If extra space is needed for your answers, please attach a separate sheet.

**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 require any physical or instructional accommodations at his/her current school?**

- Yes     No

If "Yes," please explain:

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**4. Does your child have any significant dietary restrictions (i.e. celiac, peanut allergy, etc.)?**

- Yes     No

If "Yes," please explain:

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

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**6. Is your child currently provided special services at his/her school (IEP, SSP, 504 accommodation plan, school counselor, or other)?**

- Yes     No

Do you suspect any disability?

- Yes     No

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

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**7. 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:

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SIGNATURE OF PARENT/GUARDIAN

DATE