



APPLICATION FOR ADMISSION

Kindergarten to Grade 8

SCHOOL YEAR _____

Student Information 1.

NAME	DATE OF BIRTH	AGE	GRADE IN FALL
SCHOOL CURRENTLY ATTENDING		PHONE NUMBER	NAME OF TEACHER

2.

NAME	DATE OF BIRTH	AGE	GRADE IN FALL
SCHOOL CURRENTLY ATTENDING		PHONE NUMBER	NAME OF TEACHER

3.

NAME	DATE OF BIRTH	AGE	GRADE IN FALL
SCHOOL CURRENTLY ATTENDING		PHONE NUMBER	NAME OF TEACHER

Family Information

FATHER OR GUARDIAN FIRST & LAST NAME	MOTHER OR GUARDIAN FIRST & LAST NAME	
ADDRESS		
CITY	STATE	ZIP
PHONE	PHONE	
EMAIL ADDRESS	EMAIL ADDRESS	

Siblings

NAME	DATE OF BIRTH
NAME	DATE OF BIRTH

Parish Status

Are you a registered member of St. Matthew Parish? YES NO
 If not, would you like to be? YES NO

Please complete the questions on the back side.

OFFICE USE ONLY

 CONTRACT SENT CONTRACT REC'D REG. FEE CONFIRMED BY PARISH AS IN-PARISH

How did you hear about St. Matthew School?

Why do you want to enroll your child in St. Matthew School?

Does your child need classroom accommodations to support his or her learning?

Please return this application to the St. Matthew School office.

1230 NE 127th Street
Seattle, WA 98125
(206) 362-2785
stmattschool.org