



APPLICATION FOR ADMISSION for Pre-Kindergarten

SCHOOL YEAR _____

Student Information

1.

NAME	DATE OF BIRTH	AGE
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2.

NAME	DATE OF BIRTH	AGE
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Please circle the days your student will likely attend:

Morning Pre-k: Monday Tuesday Wednesday Thursday Friday

Full Day Pre-K: Monday Tuesday Wednesday Thursday Friday

Family Information

FATHER OR GUARDIAN FIRST & LAST NAME	MOTHER OR GUARDIAN FIRST & LAST NAME
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ADDRESS

CITY	STATE	ZIP
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PHONE	PHONE
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EMAIL ADDRESS	EMAIL ADDRESS
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Siblings

NAME	DATE OF BIRTH
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NAME	DATE OF BIRTH
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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?

Do you intend to attend Kindergarten at St. Matthew School?

Can your child use the toilet independently?

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

1230 NE 127th Street
Seattle, WA 98125
(206) 362-2785, ext. 103
spretti@stmattschool.org