

OFFICE USE
Registration Fee _____
Birth Certificate _____
Baptismal Certificate _____
Immunization records _____
Report Card _____
VERIFIED BY: _____

Saint Matthew School
1 Fallon Avenue
Wilmington, DE 19804
Phone: 633-5860
Fax: 633-5860
www.saintmatthewsparish.org

Date of Registration
_____/_____/_____
Month Day Year

NEW STUDENT REGISTRATION

PLEASE PRINT

NAME OF CHILD _____
Last First Middle

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **DATE OF BIRTH** ____/____/____
Month Day Year

PLACE OF BIRTH _____

CHILD'S RELIGION _____ **RACE** _____ **MALE** ___ **FEMALE** ___

SACRAMENT	DATE	CHURCH	CITY	STATE
BAPTISM _____				
RECONCILIATION _____				
EUCARIST _____				
CONFIRMATION _____				

CHILD IS ENTERING GRADE: _____

TRANSFERRING FROM: _____
School/PreSchool/Nursery

Street Address City/Zip Grade

PRESCHOOL REGISTRATION ONLY (3 & 4 Year Old Program):

____ **AM Session Only** ____ **Full Day Option**

NAMES OF ENROLLING PARENTS/GUARDIANS:

NATURAL PARENT'S NAME (IF DIFFERENT FROM ABOVE):

MOTHER _____ **FATHER** _____

Referred by: _____

FAMILY HISTORY

FATHER'S NAME _____ **PLACE OF BIRTH** _____

ADDRESS _____ **HOME PHONE** _____

FATHER'S RELIGION _____ **REGISTERED PARISH** _____

HIGHEST EDUCATIONAL LEVEL _____ **MAJOR STUDY** _____

OCCUPATION _____ **BUSINESS PHONE** _____

EMPLOYER _____ **ADDRESS** _____

MOTHER'S MAIDEN NAME _____ **PLACE OF BIRTH** _____

ADDRESS IF DIFFERENT FROM ABOVE _____

HOME PHONE NUMBER IF DIFFERENT FROM ABOVE _____

MOTHER'S RELIGION _____ **REGISTERED PARISH** _____

HIGHEST EDUCATION LEVEL _____ **MAJOR STUDY** _____

OCCUPATION _____ **BUSINESS PHONE** _____

EMPLOYER _____ **ADDRESS** _____

NATURAL PARENTS MARITAL STATUS: ___ MARRIED ___ SEPERATED ___ DIVORCE
IF SEPERATED OR DIVORCED WHAT IS THE CUSTODIAL ARRANGEMENT:

PLEASE INDICATE WHO SHOULD RECEIVE MAILINGS FROM THE SCHOOL FOR THIS CHILD.
____ ADDRESS ON THE FRONT OF THE FORM
____ FATHER'S ADDRESS ____ MOTHER'S ADDRESS (If separated or divorced)

PLEASE INDICATE THE NAME OF THE PERSON (S) RESPONSIBLE FOR TUITION OR OTHER FINANCIAL OBLIGATIONS FOR THIS CHILD OTHER THAN PARENTS:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BROTHERS AND SISTERS OF REGISTREE (Please list Oldest to Youngest)

Name	Birthdate	School Attending	Grade

OTHER HOUSEHOLD MEMBERS:

Name	Relationship to the Child

SIGNATURE OF ENROLLING PARENTS/GUARDIANS