

**Saint Matthew School
1 Fallon Ave.
Wilmington, DE 19804
Telephone and Fax
302-633-5860
www.saintmatthewsparish.org**

**REGISTRATION FOR ST. MATTHEW SCHOOL
GRADES 1 – 7**

Principal: Mr. Bernard J. Fisher
Office Staff: Mrs. Ann Marie Wilber and Mrs. Mary Bullen

Thank you for considering Saint Matthew School as an education choice for your child. Saint Matthew School does not discriminate on the basis of race, color, sex, national or ethnic origin in its admission policies or the administration of its educational programs.

Acceptance Policy: When openings occur and readiness for that grade has been assured, the following order is used in admitting students:

Siblings of students enrolled at St. Matthew School
Active St. Matthew parishioners (at least 6 months as a regular contributor)
Non-parishioners NEW to St. Matthew School

A Readiness Test is administered to incoming Grade One Students to determine admission. That test is scheduled for **Tuesday, March 9, 2010 at 9:00 AM**. Families will be notified of time prior to the test. All students entering Grade One must successfully complete a certified Kindergarten program.

Students registering for Grades 2-7 will be accepted following a review of the student's most recent report card and standardized tests.

Approximately two weeks after completion of the Placement Test or records review, final acceptance letters will be sent. At that time you will receive further information regarding tuition, school hours, transportation, uniforms, lunch and extended day care.

OFFICE USE
Registration Fee **\$200.00**
Birth Certificate _____
Baptismal Certificate _____
Immunization records _____
Report Card _____
VERIFIED BY: _____

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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** _____

How did you here about St. Matthew School? School Website ___ Newspaper ___ Mailing ___
Radio Ad ___ Family/Friend Referral ___ Other ___

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 _____

FATHER'S E-MAIL ADDRESSES _____ CELL PHONE _____

MOTHER'S MAIDEN NAME _____ PLACE OF BIRTH _____

MOTHER'S RELIGION _____ REGISTERED PARISH _____

HIGHEST EDUCATION LEVEL _____ MAJOR STUDY _____

OCCUPATION _____ BUSINESS PHONE _____

EMPLOYER _____ ADDRESS _____

MOTHER'S E-MAIL ADDRESS _____ CELL PHONE _____

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