



St. Matthew Catholic School Enrollment Application

Today's Date: _____

Student Name(s)	Soc. Sec. #	Gender		Date of Birth	Enrolling Grade	Catholic	
		M	F			Y	N
		M	F			Y	N
		M	F			Y	N
		M	F			Y	N

For required Indiana Department of Education Reporting:

Student Ethnicity: _____ Native Language of Student(s): _____

Address of Student(s) City State Zip Code

Father's Name Email Address Home Phone Cell Phone

Father's Address (if different than student) City State Zip Code

Mother's Name Email Address Home Phone Cell Phone

Mother's Address (if different than student) City State Zip Code

Single Married Separated Divorced Widowed Student lives with: Both Parents Mother Father Guardian

County of Residence: _____ Public School District: _____

How did you hear about St. Matthew School? _____