

for office use only: Grade: _____ Amt Paid: _____ Ck#: _____ Cash: _____ Money Order: _____

STUDENT AND PARENT/GUARDIAN INFORMATION

Student Information - Birth Certificate for new students MUST be attached and student's name MUST match

Student First Name: _____ Middle: _____ Last: _____

Street Address, Apt#: _____

City, State, Zip: _____ Home Phone: _____

Siblings Attending St Matt? ____ Yes ____ No Siblings Graduated St Matt? ____ Yes ____ No

Gender / Birth Date/SSN: ____ Male ____ Female | DOB: ____/____/____ | SSN: ____-____-____

Citizenship: ____ USA If not USA, documentation of citizenship MUST be provided. SEVIS: _____

Prior School Name: _____ City: _____

Ethnicity/Religion: Please check the appropriate box

Ethnicity/ Religion:	Native American	Asian	African American	Hispanic	Hawaiian/ Pacific Isl	Caucasian	Multi- Racial	Other
Catholic								
Non-Catholic								

Parish Affiliation (if applicable): _____ Parish Location: _____

Parent/Guardian Information

Mother/Guardian: _____ if not mother, state relationship: _____

Mother address same as student? ____ Yes ____ No

Street Address, Apt# (only if different): _____

City, State, Zip: _____

Occupation/Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

St Matthew Alumnus? ____ Yes ____ No

Father/Guardian: _____ if not Father, state relationship: _____

Father address same as Student? ____ Yes ____ No

Street Address, Apt# (only if different): _____

City, State, Zip: _____

Occupation/Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

St Matthew Alumnus? ____ Yes ____ No

Parental Status: (please circle one): MARRIED - SEPARATED - DIVORCED - DECEASED SPOUSE - NEVER MARRIED

Student Resides with: (please circle one): MOTHER - FATHER - BOTH - LEGAL GUARDIAN - OTHER: _____

Custodial Parent/Guardian(if applicable): If applicable, please circle one: MOTHER - FATHER - JOINT - LEGAL GUARDIAN - OTHER: _____

Supporting Custody Documentation MUST BE PROVIDED

Emergency Contact Information (Other than Parent/Guardian)

The following people, **other than a parent or guardian**, are authorized to pick up my child if a parent/guardian is unavailable. I assume full responsibility for such action. Persons designated must be available during school hours, within one hour driving distance. A minimum of two contacts must be specified.

Contact 1 Name (NOT PARENT):

Contact 1 Phone 1:

Phone 2:

Contact 1 Relationship:

Contact 2 Name (NOT PARENT):

Contact 2 Phone 1:

Phone 2:

Contact 2 Relationship:

Contact 3 Name (NOT PARENT):

Contact 3 Phone 1:

Phone 2:

Contact 3 Relationship:

Media Release

I, the parent/legal guardian of _____ understand that there are many occasions wherein St Matthew School students are photographed for and/or named in area/community newspapers as well as the school's newspaper, website and yearbook.

_____ I grant* my express permission to exhibit the above-named student's photograph or likeness and publish her/her name.

_____ I do not grant my express permission to exhibit the above-named student's photograph or likeness and publish her/her name.

*By granting permission, the undersigned parent/guardian hereby releases and forever discharges St Matthew School and the Diocese of Metuchen and the trustees, officers, agents and employees of the School and Diocese from and against any and all claims, damages or suits which may arise from the use of the St Matthew School publications, press/media releases, or website, including but not limited to, the exhibition of the above-named students' photograph or likeness or publication of the student's name.

Signatures

X _____
Parent/Guardian

Date

X _____
Student

Date