

SAINT MATTHEW SCHOOL
1307 LINCOLNSHIRE DRIVE
CHAMPAIGN, ILLINOIS 61821

OFFICE USE

DATE ISSUED _____
DATE RETURNED _____
DATE ACCEPTED/WAITING LIST _____

PRE-REGISTRATION GRADES 1-8 FOR 2011-2012 SCHOOL YEAR

STUDENT'S LEGAL NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ M _____ F RACE _____ DATE OF BIRTH _____

APPLYING FOR GRADE _____ FOR THE _____ SCHOOL YEAR

LAST SCHOOL ATTENDED _____ CITY _____ STATE _____

STUDENT NICKNAME _____ DOES STUDENT HAVE AN I.E.P. FROM PREVIOUS SCHOOL? _____

WHAT SPECIAL SERVICES HAS STUDENT RECEIVED? _____

COURTHOUSE COPY OF BIRTH CERTIFICATE REQUIRED FOR PRE-REGISTRATION TO BE COMPLETE

FATHER'S NAME _____ CATHOLIC _____ YES _____ NO _____
(FIRST) (LAST) OTHER _____

STEP-FATHER'S NAME _____ CATHOLIC _____ YES _____ NO _____
(FIRST) (LAST) OTHER _____

MOTHER'S NAME _____ CATHOLIC _____ YES _____ NO _____
(FIRST) (MAIDEN) (LAST) OTHER _____

STEP-MOTHER'S NAME _____ CATHOLIC _____ YES _____ NO _____
(FIRST) (MAIDEN) (LAST) OTHER _____

ARE YOU A REGISTERED MEMBER OF ST. MATTHEW PARISH? _____ YES _____ NO _____ DATE REGISTERED _____

FATHER'S EMAIL ADDRESS _____ MOTHER'S EMAIL ADDRESS _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

BUSINESS ADDRESS _____ BUSINESS ADDRESS _____

BUSINESS PHONE _____ BUSINESS PHONE _____

NUMBER OF BROTHERS OLDER _____ YOUNGER _____

NUMBER OF SISTERS OLDER _____ YOUNGER _____

FATHER: ST. MATTHEW SCHOOL ALUM YES _____ NO _____ MOTHER: ST. MATTHEW SCHOOL ALUM YES _____ NO _____

If there is a separation/divorce/single parent situation in the family, please complete the following:

WITH WHOM DOES THE STUDENT RESIDE? LIST NAME _____
(FIRST) (LAST)

RELATIONSHIP? _____ LEGAL GUARDIAN? _____ YES _____ NO _____

HOME ADDRESS _____ PHONE _____

FOR OFFICE USE ONLY	Application Status	Additional Information
Baptismal Certificate Verified (Y/N)	1A – Siblings	_____
Birth Certificate Verified (Y/N)	1B – Oldest	_____
Parish Registration Verified (Y/N)	1C – Non-Catholic	_____
Records Requested _____		

SACRAMENTAL INFORMATION: Diocesan Policy requires a Baptismal Certificate on file for registration to be complete.

CATHOLIC BAPTISM:

PARTICIPATION IN FORMAL RELIGIOUS EDUCATION PROGRAMS

DATE: _____

DATE: _____

CHURCH: _____

CHURCH: _____

CITY: _____

CITY: _____

DIOCESE _____

DIOCESE _____

FIRST RECONCILIATION ____YES ____NO

DATE: _____

CHURCH _____

CITY: _____

DIOCESE: _____

FIRST EUCHARIST ____YES ____NO

DATE: _____

CHURCH: _____

CITY: _____

DIOCESE _____

CONFIRMATION ____YES ____NO

DATE: _____

CHURCH: _____

CITY: _____

DIOCESE: _____