

# St. Matthew School

## Family Registration Form

School Year: \_\_\_\_\_ Family Last Name: \_\_\_\_\_ Check  New or  Returning family  
Family Religious Affiliation: \_\_\_\_\_ Parish: \_\_\_\_\_

### Home Info

Parental Status:  Married  Separated  Divorced  Remarried  Single  Widow/Widower   
Other

Students Live With:  Both Parents/Guardian  Mother  Father  Mother/Stepfather  
 Father/Stepmother  Grandparents  Other

Language spoken at home:  English  Spanish Other: \_\_\_\_\_

Fill in the address of the person/s with whom the students live.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Silent Number.  Other Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Exclude email from School Directory

Exclude family from the School Directory  Exclude Address from School Directory

### Father

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Exclude Father Cell Phone from School Directory   
Father Email: \_\_\_\_\_  
Exclude Father Email from School Directory   
Father Religion: \_\_\_\_\_

### Mother

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Exclude Mother Cell from School Directory   
Mother Email: \_\_\_\_\_  
Exclude Mother Email from School Directory   
Mother Religion: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_

### Other Adults Living at this Home

\_\_\_\_\_  
\_\_\_\_\_

### Transportation

List anyone else who may pick up your students.  
\_\_\_\_\_

### Emergency Contact

List persons who can be contacted in case of an emergency if Parent/Guardian is not available.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_

If a second family should receive information from the school, enter that information below.

Name: \_\_\_\_\_ Relationship to Student/s: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: Enter any additional comments about your family you feel the school should have. \_\_\_\_\_

Parent Signature

Date \_\_\_\_\_