



**St. Matthew School**  
**33 Welch Drive**  
**Forestville, CT 06010**  
**860-583-5214**  
**htreacy@stmatthewct.eduk12.net**

### Interview Checklist

<i>Student Applicant's Name</i>	<i>Grade</i>
_____ Birth Certificate	
_____ Baptismal Certificate, if not Baptized at St. Matthew Church	
_____ Baptismal Date	
_____ Immunization Record	
_____ Registered Parish – St. Matthew Church	
_____ Registered Parish, if not St. Matthew Church	
Parish: _____	
Town: _____	
_____ Social Security Number, if child has one	
_____ \$50 Registration Fee per family	