



St. Matthew's Episcopal Day School
 8134 Mesa Drive
 Austin, Texas 78759
 (512) 345-3040



APPLICATION FOR THE _____ SCHOOL YEAR

Date of Application _____ Fee Received _____ Ck. # _____

Child's Name _____ Birth Date _____ Sex: M F

Address _____ City _____ ZipCode _____

Home Phone # _____

Mother's Name _____ Work# _____ Cel # _____

Father's Name _____ Work# _____ Cel # _____

Please check the following if you are:

A member in good standing of the St. Matthew's Church. _____

Have now or in the past a child enrolled in St. Matthew's School _____

How did you hear about our school _____

Choice of class entry level based on your child's birthday as of September 1st of the desired year:

2 Year Olds _____

3 Year Olds _____

4 Year Olds _____

PreKindergarten _____ (Age 5 before March 1st)

Kindergarten _____

This school shall not exclude students because of race, creed, national origin, or insofar as possible, economic status.

Please include a fee of \$50.00 per child with this application.
