



St. Matthew's

EPISCOPAL DAY SCHOOL

Date of Application: _____

Child's Information:

Child's Last Name _____ Child's First Name _____

Birthdate _____ Gender: _____

Enrollment is based on your child's age as of September 1st of the entering year. Children who are admitted to all programs other than the Two's, must be toilet trained. St. Matthew's School shall not exclude students because of race, creed, sex, national origin, physical ability, or insofar as possible, economic status. A commitment to inclusion is an essential element of St. Matthew's School. This application is for a place in the:

18-24months Two's Three's Pre-K Kindergarten

If applicable, please list applicant's previous pre-school experiences, (where and when) _____

How did you hear about our school? _____

Waitlist Application

For admission in August _____

Admission Priorities

Sibling of current student

Sibling of former student

Child of active communicants of St. Matthew's Episcopal Church

Parents' Information:

Parent/Guardian Names: _____

Address: _____ Zip: _____

Home Phone #: _____ Mom Cell Phone #: _____ Dad Cell Phone# _____

Email: _____

Siblings: Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

*** Please Note: A one-time, \$50, non-refundable check, must accompany this form.** Make checks payable to "St. Matthew's Episcopal Day School". SMEDS highly recommends a tour of our facility. Call to schedule a tour at 512-345-3040.

*** St. Matthew's Episcopal Day School is an SAES accredited preschool program for children ages 18 months through kindergarten.**

*** It is your responsibility to contact us with any updated information (i.e. phone numbers, new address, etc.)**

For Office Use Only: _____
Date of visit to the School Application received Check #

Correspondence Notes: _____

Please check out our website for more detailed information www.stmatthewsschoolaustin.com

8134 Mesa Drive, Austin, TX 78759 Ph.: 512-345-3040 Fax: 512-345-5866