



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. **Beginning in our Three's Program, children must be potty 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 #: _____ Parent 1 Cell Phone #: _____ Parent 2 Cell Phone# _____

Email: _____

Siblings: Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

*** Please Note: A one-time, \$75, 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