

ST. MATTHEW CATHEDRAL SCHOOL
1015 E. Dayton Street
South Bend, IN 46613
574-289-4535
stmatthewcathedralschool.com

REGISTRATION 2020-2021

Please return completed registration with proper payment by: **MARCH 20, 2020**

RESPONSIBLE PARENT/GUARDIAN NAME: _____

STREET ADDRESS: *Please check if this is a new address* ☐

_____ City _____ Zip Code _____

PREFERRED TELEPHONE/CELL NUMBER: _____

E-MAIL ADDRESS: _____

Grades K-8

Registration Fee: **\$100 per child**

GRADE

STUDENT NAME

2020-21

For grades K-8, please check one of the following:

____My child did **not** receive an Indiana Choice Scholarship last year.

A non-refundable registration fee of \$100 per child **MUST** accompany this form.

____My child received a partial Indiana Choice Scholarship last year.

A non-refundable registration fee of \$100 per child **MUST** accompany this form.

____My child received a full Indiana Choice Scholarship last year.

No registration fee is required at this time.

Pre-K/Preschool

Registration Fee: **\$75 per child**

PROGRAM

STUDENT NAME

2020-21

Pre-K/Preschool Programs available:

1. 4 year old – 5 day, full day
2. 4 year old – 3 day, full day
3. 4 year old – 3 day, half day
4. 3 year old – 2 day, half day



Diocese of Fort Wayne – South Bend

St. Matthew Cathedral School – STUDENT Enrollment

(Each child attending (enter school name) must have this form on file)

[Please Print!]

Office Use Only

Last Name: _____

Student ID: _____

Baptism Certificate on file? _____

Birth Certificate on file? _____

Entering Grade _____ in _____ (school year).

(An interview will be required for students new to the school and enrolling in grades 5 – 8)

Student's Name: _____ Sex _____
First (Middle) Last

Date of Birth (Mon/Day/Year) _____

City, State & Country of Birth _____

Address: _____
(Street Address)

Home Phone: _____

Medical Condition (Allergy, Asthma, Heart Condition, etc. Please be specific): _____

Student's Ethnicity / Race Data - Both Questions must be answered (for statistics only):

Is this individual Hispanic / Latino? (Choose only one)

___ No, not Hispanic / Latino

___ Yes, Hispanic / Latino

What is the individual's race? (Choose one or more)

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White

Student's Religion: _____

Baptism: Date: _____ Church: _____ City: _____ State: _____

Holy Communion: Date: _____ Church: _____ City: _____ State: _____

Confirmation: Date: _____ Church: _____ City: _____ State: _____

Did this child attend (insert school name) last year? _____ If no, where did this child attend school?

School Name: _____ City: _____ State: _____

In what assigned public school district does the child reside? _____ Public School _____

Is this child ever received any special services (for a behavioral disability, learning disability, physical or academic impairment, communication disorder, etc.)? ___ Yes ___ No If yes, what services were received? _____

Does the student have an IEP or ISP? ___ IEP ___ ISP

What was the first language learned by the student? _____

Does the student often speak a language other than English? _____ If yes, what? _____

Has your child ever received an Indiana School Choice Scholarship (Voucher) or an SGO? ___ SGO ___ Voucher

Has a sibling ever received an Indiana School Choice Scholarship (Voucher) or an SGO? ___ SGO ___ Voucher

Signature of Parent/Guardian: _____ Date: _____

Final decision on enrollment of a student rests in the discretion of the principal (in consultation with the pastor in the case of an elementary school).
(P4020).

If applicable, admission is not determined until confirmation is received from prior Catholic school that financial obligations are current
(4020).



Diocese of Fort Wayne – South Bend

St. Matthew Cathedral School – FAMILY Enrollment

[Please Print!]

Office Use Only - Last Name: _____

School Year _____ Returning Family _____ New Family _____ Today's date: _____

Religion: _____ Registered Parishioners at: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's or Guardian's Information

First Name _____ Last Name _____

____ Living ____ Deceased

Education (check highest level reached):

____ Grade School ____ High School ____ College Courses

____ College Degree ____ Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

Father's or Guardian's Information

First Name _____ Last Name _____

____ Living ____ Deceased

Education (check highest level reached):

____ Grade School ____ High School ____ College Courses

____ College Degree ____ Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

List Children who will attend (insert school name):

NAME	BIRTH DATE (mon/day/year)	AGE
1		
2		
3		
4		
5		

List all other children in family:

NAME	BIRTH DATE (mon/day/year)	AGE
1		
2		
3		
4		
5		

Children live with: ____ Both Parents ____ Mother ____ Father ____ Stepmother ____ Stepfather
____ Other: _____

Parents' Marital Status: ____ Married ____ Single, never married ____ Divorced* ____ Separated*
____ Remarried* (* copy of custody/guardianship papers required)

Is there a language other than English often spoken in the home? _____ If yes, what? _____

Does at least one parent *read* English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____

HOME LANGUAGE SURVEY

(Required by the State of Indiana Department of Education)



Date Form Completed: ____/____/____

Student's Name _____

☐ Male ☐ Female Current Grade: _____ Student's Birth Date: _____

Grades completed IN the U.S. (check all that apply): ☐PK ☐K ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8

Grades completed OUTSIDE the U.S. (check all that apply): ☐PK ☐K ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8

Questions 1-3: If a language other than English is indicated for these questions, the student is considered a language minority which generates state funds for the school. Once this determination has been made, the following occurs: English proficiency assessment, upon enrollment & annually thereafter, to assess proficiency and measure growth. Qualified students receive classroom & standardized test accommodations.

1. What is the native language of the student?

☐ English ☐ Other: _____

2. What language(s) is spoken most often by the student?

☐ English ☐ Other: _____

3. What language(s) is spoken by the student at home?

☐ English ☐ Other: _____

Questions 4-6: This information is used for data collection and may help to generate additional funds to benefit students. Your answers will remain confidential and will only be used for educational purposes.

4. In what language would the parents/guardians prefer to receive communication from school, if possible?

☐ English ☐ Other: _____

5. Has the student received English language support at a previous school? ☐ Yes ☐ No

6. What country was the student born? ☐ United States ☐ Other: _____

If other than United States: Date arrived in the U.S.? ____ / ____ / ____

Did student attend school in another country? ☐ Yes ☐ No

If yes, which grades? _____ What country? _____

Parent/Guardian/Sponsor

Signature _____ Date _____