



St. Matthew's Episcopal School

† nurturing mind, heart, and soul in a Christian environment †

Date Received: _____
Paid: _____

Enrollment Application

Preschool – Seventh Grade

St. Matthew's Episcopal School serves children who are average and above and can adapt to classroom routines. All admission decisions are made in the best interest of each applicant. Admission to St. Matthew's Episcopal School is selective and based on standardized test scores, school transcripts, teacher recommendations (when applicable), and space availability. The Admission Committee, composed of the Head of School and members of the faculty, makes final acceptance decisions.

Applicants for Preschool must be at least three (3) years of age by September 30. Applicants for Pre-Kindergarten must be at least four (4) years of age by September 30. Applicants for Kindergarten must be at least five (5) years of age by September 30. All applicants are given a school readiness assessment and socialization assessment based on a school visit/playdate. A \$100.00 Application fee is due with the completed application (\$50.00 for second applicant and no application fee for the third applicant). Registration fees are due **after** the student has been accepted by SMES. Parents will receive communication from the Head of School (via phone call, conference, or written notice) regarding the student's acceptance status. Written communication will follow with instructions regarding the completion of the enrollment process.

Name: _____ Grade: _____
Last First Middle (preferred name)

Address: _____ Date of Birth _____
Street City State Zip Month/Day/Year

Home Phone: _____ Listed Unlisted Gender Male Female

SS# _____ Race: _____ Child's first language: _____

PARENTAL AUTHORITY

Father's Name: (Dr./Mr.) _____ Preferred Name: _____
Last First Middle

Address if different from student: _____ Home Phone if different from student: _____
Street City State Zip Listed Unlisted _____

Occupation _____ Employer: _____ Business Phone: _____

Email: _____ Mobile Phone: _____

Mother's Name: (Dr./Ms./Mrs.) _____ Preferred Name: _____
Last First Middle

Address if different from student: _____ Home Phone if different from student: _____
Street City State Zip Listed Unlisted _____

Occupation _____ Employer: _____ Business Phone: _____

Email: _____ Mobile Phone: _____

If the applicant does not live with both natural parents, please complete the following:

Parents are (check **all** that apply) Married Single Mother deceased Mother remarried
 Separated Divorced Father deceased Father remarried

Student lives with: Both parents Mother Father Mother/Stepfather Father/Stepmother

If parents are divorced, please specify which parent has legal responsibility for the following:

School related decisions: _____ School bills: _____

Custody of the student: _____ School communications: _____

If someone other than the natural parent is responsible for the student, please give details below:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

NOTE: Legal documents stating guardianship must be provided to the school.

If parents are remarried:

Stepfather's Name: (Dr./Mr.) _____ Preferred Name: _____
Last First Middle

Address if different from student:

Home Phone if different from student:

_____ Listed Unlisted _____
Street City State Zip

Occupation _____ Employer: _____ Business Phone: _____

Email: _____ Mobile Phone: _____

Stepmother's Name: (Dr./Ms./Mrs.) _____ Preferred Name: _____
Last First Middle

Address if different from student:

Home Phone if different from student:

_____ Listed Unlisted _____
Street City State Zip

Occupation _____ Employer: _____ Business Phone: _____

Email: _____ Mobile Phone: _____

SIBLINGS (If additional space is needed, please attach a separate sheet to the application.)

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

GRANDPARENTS (If additional space is needed, please attach a separate sheet to the application.)

Name: _____ Address: _____
Street City State Zip

Name: _____ Address: _____
Street City State Zip

Name: _____ Address: _____
Street City State Zip

Name: _____ Address: _____
Street City State Zip

Invitations are mailed to SMES grandparents for Grandparents' Day. Please give complete information.

ST. MATTHEW'S EPISCOPAL SCHOOL ALUMNI

Does the applicant have relatives who attend or have attended St. Matthew's Episcopal School? Yes No

If yes, please give names, relationships, years attended and years graduated:

Name: _____ Relationship: _____ Years Attended: _____ Year Graduated _____

Name: _____ Relationship: _____ Years Attended: _____ Year Graduated _____

OTHER

Is the applicant a member of St. Matthew's Episcopal Church? Yes No

If no, what is the applicant's religious affiliation? _____

Please indicate any special circumstances (family move, birth, death, divorce, separation, other) that may interrupt or affect your child's performance in school.

Please describe any special learning needs your child may have.

Is there any mental, physical, psychological condition or any determined / diagnosed learning issues that the school should be aware of to best assist the student? Yes No

If yes, please explain. *(This information will be used to determine the appropriateness of St. Matthew's program for your child and will not be used for discriminatory purposes.)*

Previous schools attended:

Name of School: _____ City _____ Dates Attended: _____

Name of School: _____ City _____ Dates Attended: _____

Name of School: _____ City _____ Dates Attended: _____

Has your child ever received services through a public school system?

Yes No

If yes, please provide a copy of the IEP to us.

Is your child currently on any medication?

Yes No If yes, please list:

Does your child have any known allergies?

Yes No If yes, please list:

Does your child have any known illnesses?

Yes No If yes, please explain:

Please indicate any special circumstances (family move, birth, death, divorce, separation, other) that may have interrupted or affected your child's performance in school.

Has your child had any academic difficulty this year?

Yes No If yes, please explain:

Please describe any special learning needs your child may have.

Is there any mental, physical, psychological condition or any determined/diagnosed learning issues that the school should be aware of to best assist the student?

Yes No If yes, please explain:

In case of a medical emergency, who would you like for us to contact if you cannot be reached?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PARENT RELEASE (Assuming your child is accepted and registers)

Please check the appropriate box.

Media Publication Permission:

Does SMES have your permission to use photographs and your child's first name in school related notices to media publications, on the SMES website, in school and church publications and/or on social media?

Yes Initial _____ No Initial _____

Internet Permission:

Does your child have permission to access the Internet with teacher supervision? SMES has a firewall installed to protect students from inappropriate websites.

Yes Initial _____ No Initial _____

FIELD TRIP PERMISSION

My child has my permission to attend school related field trips during the school year. I also understand that complete details of all field trips will be provided to parents prior to the day of the field trip.

Yes Initial _____ No Initial _____

TRANSPORTATION

SMES does not provide transportation to and from school to our students. Parents are encouraged to carpool with other families to help decrease traffic congestion during dismissal times.

Do you carpool with another SMES family? Yes No

If yes, please list other family name(s):

REFERRALS

How did you hear about St. Matthew's Episcopal School?

Magazine Billboards Yard Sign Friend / Family (please give name) _____

Website Open House Faculty Other _____

Postcard Church Member

FINANCIAL AID

Financial Aid is available for students in grades one through seven. All financial aid is based on **need and an applicant's academic performance and conduct**. Financial need is determined by an independent agency, FACTS Mgt. Families applying for financial aid must submit the necessary paperwork and the required fee to FACTS Mgt. for evaluation. Applications received without the necessary documentation will not be considered. FACTS Mgt. will complete a financial evaluation and compute the suggested award. Once a financial need is established and the student's records are reviewed for the necessary academic/conduct requirements, the application is reviewed by the SMES Financial Aid Committee. Students applying for financial aid must have and maintain a 3.0 GPA or higher in academics and conduct. Office referrals are also reviewed for conduct. SMES sets aside funds in the school budget each year for aid. Funds are limited and are allocated according to the school's financial resources. The Financial Aid Committee determines the amount of each scholarship for qualifying candidates, and the entire process is strictly confidential. **The deadline to apply is February 28, 2018.** Families who are interested in applying for financial aid should contact Lori Liner, Director of Finance at 872-5573.

COMMENTS

Briefly describe your child's social relationship with:

Peers _____

Siblings _____

Adults _____

Please share with us any additional information or comments regarding your child's interest, talents, and/or achievements.

Has the applicant ever skipped or repeated a grade?

Yes

No

If yes, please explain.

Has your child's present school recommended a school change? Yes No
If yes, please explain.

Has your child ever been suspended? Yes No

Has your child ever been expelled? Yes No

Why are you considering a change in school for your child?

What are your expectations of St. Matthew's Episcopal School?

At St. Matthew's, parents are a vital link in the success of the school. Please use the space below to offer comments, suggestions, ideas, etc. about how we might better serve the students and families of St. Matthew's Episcopal School. Thank you for your comments. We invite your continued feedback. Please feel free to contact S. Myers McAllister, Head of School for an appointment if ever you wish to share an idea or concern. The office number is 872-5573.

**The \$100.00 application fee (\$50.00 for second applicant and no fee for third applicant applying in the same year) must accompany this application.
Make check payable to St. Matthew's Episcopal School.**

I hereby certify that all information contained in this application and any supporting documentation is complete and correct to the best of my knowledge. I understand that material misrepresentations or omissions may result in denial of the application or, if the applicant has been accepted and enrolled, dismissal from St. Matthew's Episcopal School.

Signature of Parent or Legal Guardian:

_____ Date: _____

St. Matthew's Episcopal School admits students of any race, color, religion, sex, or national origin to all rights, privileges, programs and activities generally accorded or made available to students of the School. It does not discriminate on the basis of race, color, religion, sex or national origin in the administration of its educational, admission or financial policies or other school-administered programs.