



St. Matthew's Episcopal Day School

8134 Mesa Drive
Austin, Texas 78759
(512) 345-3040

www.stmatthewsschoolaustin.com

For office use only:

Application for Admission

date received _____ check# _____

A \$50 non-refundable application fee must accompany this application.

Date of application _____ for admission in August of _____

Applicant _____
(Last) (First) (Middle) (Preferred)

Address _____
(Street) (City) (State/Zip)

Home Phone Number: _____

Preferred family email: _____

Birthdate: _____ Male _____ Female _____

Names of Parents: _____

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. This application is for a place in the:

() Two's () Three's () Pre-K 4day () Pre-K 5day () Kindergarten

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

Admission Priorities

Please check all those that apply.

- ____ Sibling of current student
- ____ Sibling of previous student
- ____ Child of active communicants of St. Matthew's Episcopal Church

Applicant's Family

If parents are separated or divorced, which has custody of the applicant? _____

Parent 1

Name: _____

Address: _____

Cell Phone Number: _____

Occupation: _____

Place of Employment: _____

Parent 2

Name: _____

Address: _____

Cell Phone Number: _____

Occupation: _____

Place of Employment: _____

Applicant's brothers and sisters:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

St. Matthew's Episcopal Day School does not discriminate on the basis of race, color, religion, national or ethnic origin in the administration of its admissions and education policies, financial assistance programs, employment practices, and other school-administered programs.