

**St. Matthew's Family Information Sheet**  
(Please fill out one per family.)

**Names of Students enrolled at St. Matthew's:**

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**Student's Family**

**Parent 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment:

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**Parent 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment:

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If parents are divorced, who has primary custody of child (ren) \_\_\_\_\_

Student's brothers and sisters:

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

\*\*\*\*\*Please see reverse side.\*\*\*\*\*

Each year the National Association of Episcopal Schools (NAES) and the Episcopal Diocese of Texas ask the School to provide statistics on the incoming classes; please check all that apply.

- African American
- Caucasian
- Latino/Hispanic
- Native American or Native Alaskan
- Multi-racial
- Middle Eastern American
- Asian American
- Prefer not to answer

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.

**Grandparent/ Special Friend Addresses**

Please list any grandparents' addresses that you feel would enjoy receiving communication from the School including invitations to La Noche and VIP Day/ Flowering of the Cross. Your response is optional.

**Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_