

St. Matthew Lutheran School

24480 N. Old McHenry Rd.
Hawthorn Woods, IL 60047
847/438-6103

Check #	_____
Amt.	_____.
Date	_____

APPLICATION FOR ADMISSION FOR SCHOOL YEAR 2008-2009

CHILD'S INFORMATION	
Name:	_____
Child's Address:	_____
City:	_____ Zip Code: _____
Home Phone #:	_____/_____-_____
Date of Birth:	____/____/____ Age: _____ years
Social Sec. #:	____-____-____ Baptized: NO YES, on ____/____/____
This child is	_____ a U.S. citizen _____ not a U.S. citizen
Are both parents living at home with the child?	_____ If no, who has custody? _____
If no, reason:	_____

FATHER
Name: _____
Occupation: _____
Employer: _____
Work Phone: ____/____-_____
Church Member at: _____

MOTHER
Name: _____
Occupation: _____
Employer: _____
Work Phone: ____/____-_____
Church Member at: _____

Your reasons for wanting your child to be enrolled at St. Matthew Lutheran School:

If you are not a member of St. Matthew Lutheran Church, how did you hear about us?

PLEASE COMPLETE THE BACK SIDE OF THIS FORM.

