

# St. Matthew Lutheran Church & School

875 Eggert Drive, North Tonawanda, NY 14120  
692-6862; 692-1811;  
Fax 692-0242

## STUDENT REGISTRATION FORM

The accuracy and completion of this information ensures a complete record for your child.

Last Name		First Name		Middle Name
Registration Date	Sex M / F	Date of Birth	Baptismal Date	
Address			Phone #	
City / State / Zip				

Church Membership: \_\_\_\_\_

In order to comply with State and Federal Regulations, the following information must be supplied.

Child's Ethnic Group: \_\_\_\_\_ 1. American Indian/Alaskan Native; 2. Black; 3. Asian Oriental or Pacific Islander;  
4. Hispanic; 5. White (not Hispanic origin); 6. Other

Student lives with:

Both Parents                       Mother                       Father                       Other \_\_\_\_\_

Mother	Father
Name:	Name:
City/State/Zip	City/State/Zip
Home Phone No.	Home Phone No.
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Phone:	Employer Phone:
Cell Phone:	Cell Phone:
Pager No.	Pager No.

Name and ages of other children in the family, including pre-school, foster, etc:

Name	Birth Date	Resides at home	Grade in school

Name of last school attended \_\_\_\_\_ Grade \_\_\_\_\_

Current School District in which you reside: \_\_\_\_\_

### Please complete this information if applicable

Did your child receive any special services?       Resource Room       Speech       Remedial Reading  
 Remedial Math       Counseling       Psychological

For Office Use Only

Student No.	Entering Date	Entering Grade
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