

St. Matthew Lutheran School

5014 - 53 Ave, Stony Plain, AB, T7Z 1R8 Ph: (780)963-2715 Fax: (780)963-7324 email school@st-matthew.com

STUDENT REGISTRATION FORM 2011-2012

Kindergarten

Grade 1 - 6

Grade 7 - 9

LETTER CARRIER

1. **STUDENT INFORMATION:** Student's legal names should be documented as it is on an acceptable vital statistics document.

STUDENT'S LEGAL LAST NAME: _____

STUDENT'S FIRST AND MIDDLE NAME: _____

BIRTHDATE: _____ SEX: _____ HOME PHONE #: _____ EMAIL _____
Year/Month/Day M/F

GRADE REQUESTED: _____ NAME OF PREVIOUS SCHOOL: _____

STUDENT'S MAILING ADDRESS: Apt/Suite#: _____ Street or Rural Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Subdivision: _____ Bus Number: _____

ALBERTA HEALTH CARE NUMBER: _____

ALLERGIES/MEDICAL CONCERNS: _____

RELIGIOUS AFFILIATION: _____ PASTOR: _____

2. **PARENT OR LEGAL GUARDIAN INFORMATION:**

FATHER/GUARDIAN: (Please circle the one that applies to you)

FULL NAME: _____ Hm. Phone #: _____

PLACE OF EMPLOYMENT: _____ Wk. Phone #: _____ CELL #: _____

MOTHER/GUARDIAN: (Please circle the one that applies to you)

FULL NAME: _____ Hm. Phone #: _____

PLACE OF EMPLOYMENT: _____ Wk Phone #: _____ CELL #: _____

EMERGENCY CONTACTS: In case parents cannot be contacted please contact

BABYSITTER/DAYCARE: _____ PHONE #: _____ CELL #: _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____ CELL #: _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____ CELL #: _____

3. **DECLARATION BY PARENT/LEGAL GUARDIAN:**

I hereby declare that I am the (please circle) parent or legal guardian referred to in this registration form and that I hereby certify the foregoing information to be true, correct and complete.

Signature: _____ Date: _____

Date Registration Received In School Office: _____

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STUDENT PRE - SCHOOL REGISTRATION FORM 2011 - 2012

1. **STUDENT INFORMATION:** Student's legal names should be documented as it is on an acceptable vital statistics document.

STUDENT'S LEGAL LAST NAME: _____

STUDENT'S FIRST AND MIDDLE NAME: _____

BIRTHDATE: _____ SEX: _____ HOME TELEPHONE #: _____
Year/Month/Day M/F

DAYS REQUESTED: _____

STUDENT'S MAILING ADDRESS: Apt/Suite#: _____ Street or Rural Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Subdivision: _____ Bus Number: _____

ALBERTA HEALTH CARE NUMBER: _____

ALLERGIES/MEDICAL CONCERNS: _____

MY CHILD'S IMMUNIZATIONS ARE UP TO DATE: _____ Yes _____ No (Please check one)

RELIGIOUS AFFILIATION: _____ PASTOR: _____

2. **PARENT OR LEGAL GUARDIAN INFORMATION:**

FATHER/GUARDIAN: (Please circle the one that applies to you)

FULL NAME: _____ Hm. Phone #: _____

PLACE OF EMPLOYMENT: _____ Wk. Phone #: _____ CELL #: _____

MOTHER/GUARDIAN: (Please circle the one that applies to you)

FULL NAME: _____ Hm. Phone #: _____

PLACE OF EMPLOYMENT: _____ Wk. Phone #: _____ CELL #: _____

EMERGENCY CONTACTS: In case parents cannot be contacted please contact:

BABYSITTER/DAYCARE: _____ PHONE #: _____ CELL #: _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____ CELL #: _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____ CELL #: _____

3. **DECLARATION BY PARENT/LEGAL GUARDIAN:**

I hereby declare that I am the (please circle) parent or legal guardian referred to in this registration form and that I hereby certify the foregoing information to be true, correct and complete.

Signature _____ Date: _____

Date Registration Received In School Office _____

**ST. MATTHEW LUTHERAN SCHOOL
PRE-SCHOOL REGISTRATION PROCEDURE**

1. Priority admission is reserved for current St. Matthew Lutheran School families and for member families of St. Matthew Lutheran Church until March 25, 2011, the re-registration deadline. After March 25, 2011 new families on our waiting list will be processed and placed on our student registry.
2. The following registration information and the instructional material deposit, and post dated cheques need to be included for registration.
 - a. Student Registration Form - one for each child.
 - b. Copy of each child's Birth Certificate.

**ST. MATTHEW LUTHERAN SCHOOL
FEE CONTRACT 2011-2012**

Instructional Material fees - **\$50.00**. This is **non-refundable** fee.
(Must be attached with registration form).

TUITION - \$35.00 per week paid monthly
(Postdated cheques or full payment per semester must be attached.)

1ST SEMESTER		2ND SEMESTER	
Sept. 2011	\$ 105.00	Jan 2012	\$ 70.00
Oct. 2011	\$ 140.00	Feb 2012	\$ 140.00
Nov. 2011	\$ 140.00	Mar 2012	\$ 140.00
Dec 2011	\$ <u>105.00</u>	Apr 2012	\$ 140.00
		May 2012	\$ <u>175.00</u>
TOTAL	\$ 490.00	TOTAL	\$ 665.00

As my child (children) is registered in St. Matthew Lutheran School Pre-School for the 2011-2012 school year, I obligate myself to the tuition fees as enclosed.

I have enclosed the necessary post dated cheques or have paid the whole tuition at the beginning of the term.

Parent's Signature ... _____

Date _____