



Enrollment Contract 2024-2025

A-NEW STUDENTS

St. Matthew's Episcopal School Application Procedures and Provisions for New Students

The following checklist will guide you through the admissions process for our school. All of the following criteria must be met before an offer of enrollment can be extended and accepted.

1. Interview with the Head of School Date_____ Initials_____
2. **PK2-4:** Meets developmental criteria by age* Date_____ Initials_____
3. Copy of report card from previous school Date_____ Initials_____
4. Name of previous school or daycare_____
- Reason for leaving_____
- Records from previous school Date_____ Initials_____
5. \$600 Registration Fee (*non-refundable/non-transferable*) Date_____ Initials_____
6. Copy of applicant's birth certificate Date_____ Initials_____
7. Copy of Vaccination Record or Waiver Date_____ Initials_____
8. Copy of Social Security card Date_____ Initials_____
9. Completed Enrollment Contract including: Date_____ Initials_____
 - *B: Registration Fee Agreement*
 - *C: Student-Parent Information (including copies of any court custody arrangements if applicable)*
 - *D: Student Medical Information*
 - *E: Tuition Payment Preference Form*
 - *F: Fundraising Contract Agreement*
 - *G: Student Pick-Up and Emergency Person Contact Form*
 - *H: Student Picture and Work Release Form*
 - *I: Extended Day Enrollment Form*
 - *J: Probationary Period and Early Withdrawal Policy*

* All students entering the PK3 program must be 3 years of age by September 1 of the year of enrollment and be toilet-trained.

A-RETURNING STUDENTS

St. Matthew's Episcopal School Application Procedures and Provisions for Returning Students

The following checklist will guide you through the registration process for returning students. All of the following criteria must be met before registration is complete.

1. \$600 Registration Fee (*non-refundable/non-transferable*) Date_____ Initials_____
2. Copy of applicant's birth certificate Date_____ Initials_____
3. Updated Copy of Vaccination Record or Waiver Date_____ Initials_____
4. Copy of Social Security card Date_____ Initials_____
5. Requirements met for promotion to next grade Date_____ Initials_____
6. All tuition and fees are up-to-date Date_____ Initials_____
7. Completed Enrollment Contract including: Date_____ Initials_____
 - B: *Registration Fee Agreement*
 - C: *Student-Parent Information (including copies of any court custody arrangements if applicable)*
 - D: *Student Medical Information*
 - E: *Tuition Payment Preference Form*
 - F: *Fundraising Contract Agreement*
 - G: *Student Pick-Up and Emergency Person Contact Form*
 - H: *Student Picture and Work Release Form*
 - I: *Extended Day Enrollment Form*
 - J: *Probationary Period and Early Withdrawal Policy*

B

Registration Fee Agreement: 2024-2025

Must be completed for each new/returning student on an annual basis

I wish to enroll the following student at St. Matthew's Episcopal School:

Student's Name _____ Age (Sept. 1, 2024) _____ Grade _____

Date of Birth _____

In consideration of the acceptance of an offer of enrollment by St. Matthew's Episcopal School, the undersigned agrees to pay tuition as stated in the fee schedule. The undersigned understands and agrees to accept the policies and procedures of St. Matthew's Episcopal School as outlined in the Student-Parent Handbook of the school and this enrollment contract.

Registration Fee: **\$600.00** (*non-refundable, non-transferable*)

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Nondiscrimination Statement

St. Matthew's Episcopal School accepts students of any gender, race, color, nationality, ethnic origin, or religious affiliation. Rights, privileges, programs, and activities are afforded to all students eligible to participate in the general education classroom. The school does not discriminate in any of its admission or educational programs.

C

Student-Parent Information: 2024-2025

A form must be completed for each child in the family who is attending St. Matthew's

Student's Legal Name _____ Grade Level for 2024-2025 _____

Student's Preferred Name _____ Gender: M _____ F _____

Home Address _____

Mailing Address _____

City/State/Zip _____

Date of Birth: Month _____ Day _____ Year _____

With whom does the student live? _____

Family's Religion:

Catholic _____ Episcopal _____ Other (Christian) _____ Denomination? _____

Buddhist _____ Hindu _____ Jewish _____ Muslim _____ Other _____

Please list the race and ethnicity with which your child most closely identifies:

Race _____ Ethnicity _____

Parent 1 _____ Parent 2 _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Current Occupation _____ Current Occupation _____

Parents are: Married _____ Separated* _____ Divorced* _____ Single _____ Deceased _____

**If parents are separated or divorced, to which parent should we send general correspondence?*

Parent _____

Address _____

**Please provide copies of court documentation pertinent to the child's custody status*

How did you hear about St. Matthew's Episcopal School? _____

Who may we thank for referring you? _____

D

Student Medical Information: 2024-2025

A form must be completed for each child in the family who is attending St. Matthew's

Student's Name _____

Date of Birth: Month _____ Day _____ Year _____

Grade Level for 2024-25 _____

Medical Conditions _____

Allergies _____

Other Diagnoses _____

Previous hospitalizations/operations:

1. _____ Date _____

2. _____ Date _____

3. _____ Date _____

Medications prescribed for continuous long term use* _____

**Per Texas Department of Health and Human Services guidelines, we are prohibited from dispensing medications (including over-the-counter medicines) unless they are checked in at the school office by the child's parent/guardian per school policy.*

To the best of my knowledge, my child _____
is in good health and able to participate in the programs offered at/by St. Matthew's
Episcopal School.

Name of Physician _____

Physician's Address _____

Physician's Phone No. _____

Signature of Parent _____ Date _____

E

Tuition Payment Preference Form: 2024-2025

A form must be completed for each family who is attending St. Matthew's

Parent(s)/Guardian(s) Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Party Responsible for Tuition if different from above

Name _____ Phone Number _____

Email _____

Please check below the desired method of payment for the 2024-2025 school year:

_____ **Payment in Full** through your checking or savings account.

Payment must be received by August 20. No enrollment fee.

_____ **2 Automatic Bank Payments** through your checking or savings account.

First payment due August 20, 2024, and second payment due

January 20, 2025. \$15 enrollment fee*

_____ **10 Automatic Bank Payments** through your checking or savings account

Payments can be made on either the 5th or the 20th of each month

August, 2024 through May, 2025. \$45 enrollment fee*

_____ **12 Automatic Bank Payments** through your checking or savings account

Payments can be made on either the 5th or the 20th of each month

June, 2024 through May, 2025. \$45 enrollment fee* **MUST ENROLL BY APRIL 30, 2024.**

_____ **Please automatically charge my extended day fees with my monthly tuition**

Fundraising fees are automatically included in the tuition payment plan as selected above.

I agree to make tuition payments for the 2024-2025 school year according to the option I have selected above.

Signature of Parent _____ Date _____

(Office Use Only)

Tuition \$ _____ Extended Day \$ _____

Enrollment Date _____ Fundraisers \$ _____ Quickbooks Invoice # _____

F

Fundraising Contract Agreement: 2024-2025

A form must be completed for each family who is attending St. Matthew's

Dear Parent/Guardian,

Tuition alone cannot cover the cost of a private, Christian education. Therefore, each family is required to contribute the following fees towards our annual fundraising as indicated below:

	Fall Fiesta	Gala	BBQ
Required Fundraising Fees (one child)	\$200	\$200	\$200
(two children)	\$250	\$250	\$250
(three + children)	\$300	\$300	\$300

Fundraising fees are included as part of the tuition payments. The family's portion of raffle tickets or other products sold as part of the fundraising event becomes the property of the parent to sell for reimbursement or keep as they wish.

As with the payment of tuition and fees, inclement weather, health emergencies, or other acts of God and nature do not preclude parents from meeting their fundraising obligations.

I have read the enrollment contract, including the required fundraising commitment, and I agree to fulfill my responsibility as stated above.

Signature of Parent _____ Date _____

G

Student Pick-Up and Emergency Contact Form: 2024-2025

A form must be completed for each family who is attending St. Matthew's

Dear Parent/Guardian,

Please indicate below (in preferred order) the persons authorized to drop off and pick up your child(ren). Please include yourself(ves) on this list.

Name(s) and Grade(s) of children _____

1. Name _____ Relationship to Child _____
Phone Number _____ Email _____

2. Name _____ Relationship to Child _____
Phone Number _____ Email _____

3. Name _____ Relationship to Child _____
Phone Number _____ Email _____

4. Name _____ Relationship to Child _____
Phone Number _____ Email _____

5. Name _____ Relationship to Child _____
Phone Number _____ Email _____

If you wish your child(ren) to be dropped off or picked up by anyone other than those listed above (including extended day or extracurricular activities), the school must be notified in writing (email is acceptable). Phone calls and text messages are not acceptable forms of communication. Any such persons must first come to the school office, produce proper identification, and be identified by the child. This policy also applies to a student leaving school with another student. The safety of our students is the highest priority; therefore, this policy will be strictly enforced. No exceptions.

I have read and understand this information.

Name of Parent _____

Signature of Parent _____ Date _____

H

Student Image, Likeness, and School Work Release Form: 2024-2025

A form must be completed for each family who is attending St. Matthew's

I, the parent of:

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

do hereby give consent to St. Matthew's Episcopal School to use my child's/children's image, likeness, as well as any of his/her schoolwork (name withheld) to promote our school, students, and staff:

Social Media (facebook, Instagram) Yes _____ No _____

School Website/Google Splash Page Yes _____ No _____

Newspaper or Local TV Advertising Yes _____ No _____

Name, Image, and Likeness in School Yearbook: 2024-2025

I do hereby consent to have my child's/children's name, image, and likeness used in the school yearbook:

Yes _____ No _____

Parent's Signature _____ Date _____

I

Extended Day Enrollment Form: 2024-2025

A form must be completed for each family who is attending St. Matthew's

This program is only for students enrolled at our school

	AM (7-7:30)	PM (3:30-4:30)	PM (3:30-5:30)
Extended Day Fees	\$60/month	\$120/month	\$180/month

(available for all instructional days unless otherwise noted—daily drop-in/late pick-up fee is \$10 per half hour per day)

Extended Day Registration Fee \$50/semester (payment due by Aug. 10/Jan. 10)
Extended Day payments are due by the 10th of the following month to avoid late payment fee—may be included in monthly automatic tuition payments.

Extended Day will observe all school holidays and early dismissals.

Please indicate the program for which each child will be enrolled:

Name of Student _____ Grade _____
AM (7-7:30) _____ PM (3:30-4:30) _____ PM (3:30-5:30) _____

Name of Student _____ Grade _____
AM (7-7:30) _____ PM (3:30-4:30) _____ PM (3:30-5:30) _____

Name of Student _____ Grade _____
AM (7-7:30) _____ PM (3:30-4:30) _____ PM (3:30-5:30) _____

Name of Student _____ Grade _____
AM (7-7:30) _____ PM (3:30-4:30) _____ PM (3:30-5:30) _____

Please refer to the 2024-2025 Fee Schedule for a complete listing of all payment due dates and late fees.

I agree to abide by all policies and procedures regarding the extended day program at St. Matthew's Episcopal School.

Name of Parent _____

Signature of Parent _____ Date _____

J

Probationary Period and Early Withdrawal Policy: 2024-2025

A form must be completed for each family who is attending St. Matthew's

Probationary Period

There will be a nine-week probationary period at the onset of each academic year during which the child's and parents' adjustment to St. Matthew's will be monitored. At the end of the period, if needed, a conference will be held with the parents, teacher, and head of school. If the student or parents have been unable to adjust to the expectations of our academic community or the social environment, in the best interest of all parties, the school has the prerogative to ask the parents to withdraw their child. Any concerns regarding your child should be directed to your child's teacher and the head of school, as the spread of gossip is harmful to a positive Christian community. Gossip, including the sharing of false or misleading information, will not be tolerated by the Administration and Board of Trustees of St. Matthew's Episcopal School.

Early Withdrawal

Parents desiring to withdraw their child or children before the end of the school year must make this request in writing to the Head of School at least three instructional days before the anticipated date of withdrawal. Tuition and fees paid through the end of the current month of enrollment are nonrefundable.

I agree to abide by all policies and procedures regarding the probationary period and early withdrawal at St. Matthew's Episcopal School.

Name of Parent _____

Signature of Parent _____ Date _____

Acceptance of Enrollment Contract: 2024-2025

I have read the contents of this enrollment contract between myself, my family, and St. Matthew's Episcopal School. I agree to the terms and conditions set forth therein.

Name of Parent _____

Signature of Parent _____ Date _____

Acceptance by St. Matthew's Episcopal School

Signature of Head of School _____ Date _____