



St. Matthew School
33 Welch Drive
Forestville, CT 06010
860-583-5214
htreacy@stmatthewct.eduk12.net

Interview Checklist

_____ *Student Applicant's Name* _____ *Grade*

- _____ Birth Certificate
- _____ Baptismal Certificate, if not Baptized at St. Matthew Church
- _____ Baptismal Date
- _____ Immunization Record
- _____ Registered Parish – St. Matthew Church
- _____ Registered Parish, if not St. Matthew Church
- Parish: _____
- Town: _____
- _____ Social Security Number, if child has one
- _____ \$50 Registration Fee per family