

**WISH YOUR STUDENT
HAPPY BIRTHDAY (OR HALF BIRTHDAY)
WITH A MESSAGE ON THE
ST MATTHEW SCHOOL SIGN!**

The cost is \$10 per child and funds will support the Student Council.

• **1ST STUDENT'S NAME:** _____ **GRADE:** _____

DATE: _____ (circle one) **BIRTHDAY** or **1/2 BIRTHDAY**

• **2nd STUDENT'S NAME:** _____ **GRADE:** _____

DATE: _____ (circle one) **BIRTHDAY** or **1/2 BIRTHDAY**

• **3rd STUDENT'S NAME:** _____ **GRADE:** _____

DATE: _____ (circle one) **BIRTHDAY** or **1/2 BIRTHDAY**

Where do you pick up your student after school?

(circle one) **FRONT** or **BACK**

Parent Name: _____

EMAIL: _____ **PHONE:** _____

Cash _____ **Check #** _____ Make checks payable to: **St. Matthew School (\$10)**

Forms & payment should be received at least **2 weeks** before the student's birthday & can be dropped off at the School Office c/o: Elizabeth Ellis. Contact Elizabeth, eellis@saintmatt.org if you have any questions.

