



Please fill in all blanks

Family Name _____ Date of Registration _____

Street Address _____ Apt. # _____ Subdivision _____

City _____ State _____ Zip _____ Home Phone _____

Your Cell: _____ Your Email: _____ Spouse's Cell _____ Spouse's Email _____

Language Spoken at home _____ How did you find out about St. Andrew? _____

____ Single ____ Widow/er ____ Separated ____ Divorced ____ Married in Church ____ Married civilly
____ (I would like information about being married in the Church.)

Name	Gender M/F	Birthdate	Religion	Baptized? Y/N	1st Communion? Y/N	Confirmed? Y/N	Ethnicity/Race
Your Name:							
Spouse's Name:							
Names of Children Living at Home <i>(Please give last name of child if different from Family Name)</i>	Gender M/F	Birthdate	Religion	Baptized? Y/N	1st Communion? Y/N	Confirmed? Y/N	GRADE YEAR School/College they currently attend
<i>Other Adults Living in the Home</i>							<i>Relationship</i>

Yes, I would like information about St. Andrew Catholic School.

Additional information

Your Occupation _____ Occupation (Spouse) _____

Place of Employment _____ Place Employment _____

Retired Yes No

Retired Yes No

Skills _____ Skills _____