



ST. ANDREW THE APOSTLE SCHOOL  
 505 Kingston Drive  
 Romeoville, IL 60446  
 815-886-5953



## School Registration for Current Families

FAMILY NAME (Used for all mailing and communication): \_\_\_\_\_

MAILING ADDRESS: (Used for all mailing and communication): \_\_\_\_\_

\_\_\_\_\_

PHONE (This will be the number used for our automated alerts): \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ /RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (1): \_\_\_\_\_ PHONE (2): \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ /RELATIONSHIP: \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_

PHONE (1 if different) \_\_\_\_\_ PHONE (2) \_\_\_\_\_

E-MAIL (1) \_\_\_\_\_ E-MAIL (2) \_\_\_\_\_

I/we wish to enroll the following child(ren) in St. Andrew School for the 2018-19 school year

| NAME | GRADE | NAME | GRADE |
|------|-------|------|-------|
| NAME | GRADE | NAME | GRADE |

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\_\_\_\_\_/\_\_\_\_\_  
 Male Parent or Guardian      Date      Female Parent or Guardian      Date

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**FOR SCHOOL USE ONLY:**

Received on \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_