

Please fill in all blanks

Family Name _____ Date of Registration _____
 Street Address _____ Apt. # _____ Subdivision _____
 City _____ State _____ Zip _____ Home Phone _____
 Husband Cell _____ Husband Email _____ Wife Cell _____ Wife 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
Husband							
Wife							
Names of Children Living at Home <small>(Please give last name of child if different from Family Name)</small>	Gender M/F	Birthdate	Religion	Baptized? Y/N	1st Communion? Y/N	Confirmed? Y/N	<i>GRADE YEAR School/College they currently attend</i>
<small>Other Adults Living in the Home</small>							<small>Relationship</small>

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

Additional information

Occupation (Husband) _____ Occupation (Wife) _____
 Place of Employment _____ Place Employment _____
 Retired Yes No Retired Yes No
 Skills _____ Skills _____