



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 reenroll the following child(ren) in St. Andrew School for the 2021-22 School Year (currently attending)

NAME	GRADE	NAME	GRADE
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NAME	GRADE	NAME	GRADE
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Have a new student to enroll? Add them below

NAME _____ DOB _____ GRADE _____

_____	_____	_____	_____
Male Parent or Guardian	Date	Female Parent or Guardian	Date

Registration fee is nonrefundable

FOR SCHOOL USE ONLY:

Received on _____ Check # _____ Amount \$ _____



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Family Name _____

We will not be returning for the 2021-22 school year

Please share why below

We have not decided if we are returning for the 2021-22 school year and would like to speak with Mrs. Albreski

We will be returning, but we would like to speak with Mrs. Albreski

Please contact me by email or phone-please list information below.

_____ email or _____ phone