

SAINT AUGUSTINE SCHOOL
FAMILY/GUARDIAN INFORMATION FORM

MAILING NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

PARISH: _____ REG. IN ST. AUGUSTINE: YES _____ NO _____ ENV. NUMBER _____

If not registered at St. Augustine's, what is your local parish? _____
(We need this for the Archdiocesan Census Report)

PARENTS/GUARDIANS

Father: _____ Mother: _____

Business: _____ Business: _____

Bus. Phone: _____ Bus. Phone: _____

Cell Phone: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____
(please print legibly) (please print legibly)

Circle the primary e-mail address

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REAL PARENT INFORMATION (IF NOT LISTED ABOVE)

FATHER: NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
HOME PHONE: (____) _____ BUS. PHONE(____) _____
RELIGION: _____ MARITAL STATUS: _____

MOTHER: NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
HOME PHONE: (____) _____ BUS. PHONE(____) _____
RELIGION: _____ MARITAL STATUS: _____