



ST. AGNES SCHOOL DIRECTORY

Parents: Please complete **either 1 or 2** and return it by June 1, 2024. Thank you.

1. Please include our family name, address and telephone number in the 2024-25. St. Agnes School Directory as follows:

Print Family Name:

_____ (Example: Jones, Bob & Sally)

Address: _____

Home Phone # _____ E-Mail Address _____

Dad's Cell # _____ Mom's Cell # _____

Child's Name _____ Grade _____

First Last*

Child's Name _____ Grade _____

First Last*

Child's Name _____ Grade _____

First Last*

Child's Name _____ Grade _____

First Last*

*Include last name if child's name is different from yours for cross-referencing.

2. Please do not include our family in the St. Agnes School Directory.

Print Family Name _____ Signature _____

_____ **Check here if you would like to purchase an additional directory at the cost of \$5.00 and attach your check.**

If you own a business and would like to share that information with our office please list name of your business and type of service your company provides. (This information is for office use only)

Business Name _____

Type of Service Provided by your company _____