**Intent to return for 2020-21 School Yea**r

Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Top of Form

I intend to reenroll my child(ren) at Saint Andrew Catholic School for the 2020-21



school year.

Bottom of Form

Signed (I INTEND TO RETURN):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

Top of Form

I DO NOT intend to reenroll my child(ren) at Saint Andrew Catholic School for the



2020-21. I understand that I am declining the opportunity to be offered a placement for

the 2020-21 school year.

Bottom of Form

Signed (I DO NOT INTEND TO RETURN):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **This form must be returned to the school office by February 14th, 2020 with the registration fee (see letter) in order to be considered for a placement in the 2020-21 school year.**
* Your feedback is valuable. We want to know about your experience at Saint Andrew Catholic School. Please contact Principal Erin Carrabba (801)253-6016 erincarrabba@standrewut.org