



**ST. MARGARET'S EPISCOPAL SCHOOL**

31641 La Novia  
San Juan Capistrano, CA 92675  
(949) 661-0108 Fax (949) 661-2040

**2005-2006 Grandparent Information**  
**(Please Print)**

**PARENT NAME:** \_\_\_\_\_

Grandparents are included in some of our all-school mailings and are notified of campus events. Please complete all information for paternal grandparents (father's parents) and maternal grandparents (mother's parents) and include at the bottom of this form the names of your children currently attending or who have previously attended or graduated from St. Margaret's Episcopal School. Return this form with the Registration Form. **If deceased, please mark appropriate box.**

**FATHER'S PARENTS**

**PATERNAL GRANDFATHER**

LAST NAME: \_\_\_\_\_ DR/MR  
FIRST NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

GRANDFATHER DECEASED

**PATERNAL GRANDMOTHER**

LAST NAME: \_\_\_\_\_ DR/MRS/MS  
FIRST NAME \_\_\_\_\_  
 ADDRESS SAME AS PATERNAL GRANDFATHER, OR:  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

GRANDMOTHER DECEASED

**MOTHER'S PARENTS**

**MATERNAL GRANDFATHER**

LAST NAME: \_\_\_\_\_ DR/MR  
FIRST NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

GRANDFATHER DECEASED

**MATERNAL GRANDMOTHER**

LAST NAME: \_\_\_\_\_ DR/MRS/MS  
FIRST NAME \_\_\_\_\_  
 ADDRESS SAME AS MATERNAL GRANDFATHER, OR:  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

GRANDMOTHER DECEASED

**STUDENTS CURRENTLY/PREVIOUSLY AT ST. MARGARET'S**

Please include grade of currently enrolled student(s) or year of graduation or withdrawal of previously enrolled student(s):

NAME: \_\_\_\_\_ GRADE/YEAR: \_\_\_\_\_  
NAME: \_\_\_\_\_ GRADE/YEAR: \_\_\_\_\_  
NAME: \_\_\_\_\_ GRADE/YEAR: \_\_\_\_\_  
NAME: \_\_\_\_\_ GRADE/YEAR: \_\_\_\_\_

**OFFICE USE**  
Record Updated \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
By \_\_\_\_\_  
GP to CP link \_\_\_\_\_  
GP to ST link \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_