Saint John School

New Student Referral Program 2025-26

For students enrolling into Kindergarten – Grade 8

This form is to be completed and returned by the Referring Family at enrollment time.

I/We _____ have been
(Name(s) of New Family)

Referred by _____ to Saint John School.
(Name of Referring Family)

New Parent Name(s): _____ Phone: _____

Email: _____

Address: _____

City: _____ Zip: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

Signature New Family: _____

Signature Referring Family: _____

Office Use Only: Enrollment Date: _____ Reward Amount: _____

Completed: Date Tuition Credit Applied Referring Family: _____ Notified: _____

Date Tuition Credit Applied New Family: _____ Notified: _____