

Saint John School

New Student Referral Program 2023 - 2024

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

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

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

New Parent Name(s): _____ Phone: _____

Email: _____

Address: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

Signature (Referring Family): _____ Date: _____

Office Use Only: Enrollment Date _____ Reward Amount: _____

Check: Tuition Credit Applied _____ Date: _____

Families Notified: _____ Date: _____