



CATHOLIC CHURCH & SCHOOL

## FAMILY REFERRAL PROGRAM FORM

You must complete this form prior to the completion of the admissions application by the prospective family.

### REFERRING FAMILY

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

Child/Children enrolled: \_\_\_\_\_

### PROSPECTIVE FAMILY

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

Name(s) and Age(s) of prospective child/children: \_\_\_\_\_

\_\_\_\_\_

How long have you known the prospective family? \* \_\_\_\_\_

What is the current school of the prospective child/children? \* \_\_\_\_\_

Please provide any information that might help in the admissions process (e.g., interests, sports played). \* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Note: Questions marked with an asterisk (\*) are required.

By signing this document, I am indicating that I have read and understand the St. Joan of Arc Catholic School Referral Program Guidelines listed in this document.

\_\_\_\_\_  
Referring Person's Signature

\_\_\_\_\_  
Date

*Thank you for being an Ambassador of St. Joan of Arc School.*

QUESTIONS?

Call the St. Joan of Arc Catholic School Office at (561) 952-2946 or email [loomis\\_marie@stjoan.org](mailto:loomis_marie@stjoan.org)

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