

St. Mary Academy Student Referral

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

Name of referring family \_\_\_\_\_

Address of referring family \_\_\_\_\_

Name(s) of student(s) referred \_\_\_\_\_

Address of student(s) referred \_\_\_\_\_

Please attach this form to admission application. Thank you.

Please note – referrals are applicable to new incoming grade 1 through 8 students, only.