



## 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 [Bradley\\_debora@stjoan.org](mailto:Bradley_debora@stjoan.org)

Rev 10/17