

St. Rita School

Referral Form

New Family Name: _____

Father's Name: _____

Mother's Name: _____

Street Address: _____

City: _____ Zip: _____

Home phone: _____

Cell phone: _____

Parishioner: YES NO

If no, where are you a member? _____

Prospective Student(s)Name:	Grade
	PK3 PK4 K 1 2 3 4 5 6 7 8
	PK3 PK4 K 1 2 3 4 5 6 7 8
	PK3 PK4 K 1 2 3 4 5 6 7 8
	PK3 PK4 K 1 2 3 4 5 6 7 8
	PK3 PK4 K 1 2 3 4 5 6 7 8

Referring Family: _____

Street Address: _____

City: _____

Zip: _____

Home phone: _____

Cell phone: _____

Approved: _____