

## St. Joseph Catholic School

## Academic Excellence Rooted in Faith

201 East Cass Street St. Johns, MI 48879 (989)224-2421 Christopher Wells, Principal Terrilynn Voisin, Secretary

## Referral Program Form

## **Enrolling Family Information**

Name: Father/Guardian		er/Guardian		
Street Address		City	Zip C	ode
Phone: Home	Cell		Cell	
Child	Age	Grade	<u> </u>	
Child	Age	Grade	_	
Child	Age	Grade	_	
Additional Children				
Referring Family				
Name				
St. Joseph Catholic Schoo	ol Office Use	e Only		
Is referring family registere	ed at St. Jose	ph Catholic School	l Yes	No