



ST. BENEDICT CATHOLIC SCHOOL

PARENT REFERRAL FORM

Parents: As we continue to move forward with our marketing plan, we invite you to work with us in this effort. Many of our present students were attracted to us because someone recommended us to them. As you think of friends, neighbors, relatives, and other families with whom you may associate, we invite you to write any prospective family's name, address, phone number and any pertinent information about them on this form (like names and ages of children, place of business, etc.). We will send the family a letter with a packet of information about our school. If you permit, we would like to mention your name in the letter as the referring party. If that is not possible, then please indicate that below. Please feel free to duplicate this form if you think of more than three families. Thank you!

Your Name: _____

1. Parent Names _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Pertinent Information: _____

2. Parent Names _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Pertinent Information: _____

3. Parent Names _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Pertinent Information: _____

YOU MAY USE MY NAME IN ANY REFERRAL CONTACT WITH THE ABOVE FAMILIES ____ YES ____ NO