

St. Michael the Archangel Catholic School Referral Program

Current (Referring) St. Michael Family

Name(s) of Legal Guardian(s): _____

Children and Grades: _____

Incoming Family

Name(s) of Legal Guardian(s): _____

Children and Grades: _____

Home Phone Number(s): _____

Cell Phone Number(s): _____

Signature of Principal

Signature _____ Date _____

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