



Central Baptist School
New Family
Referral Form

To be completed by the referring family

The deadline for submission is 1 week after new student's first day of attendance.

New or Referred Family

New Parent Name(s): _____

Student 1 Name: _____ Grade: _____

Student 2 Name: _____ Grade: _____

Student 3 Name: _____ Grade: _____

Referring Family

Your Name: _____ Phone Number: _____

I attest that we have referred the above new student(s) to Central Baptist School.

Signature: _____

Student Name: _____

Thank you for referring Central Baptist School!