

HOLY CROSS SCHOOL

NEW STUDENT REFERRAL FORM (“RAP” Form)

Date of Referral _____

Referring Family _____

E-Mail Address _____

Phone Number _____

New Family _____

<u>New Student Name(s)</u>	<u>Entering Grade</u>	<u>School Year</u>
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E-Mail Address _____

Phone Number _____

Principal’s Approval _____ Date _____