



Christ the King Catholic School Referral Card

Date: _____

Referrer's Name: _____

Phone Number: _____

CK Student: Name _____

(Please complete only if you have a child attending CK)

I would like to refer the following family:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Name of Child: _____ Age: _____

Grade Entering in the Fall: _____ Birth Date: _____

Additional Children: _____

Name of Child: _____ Age: _____

Grade Entering in the Fall: _____ Birth Date: _____

Name of Child: _____ Age: _____

Grade Entering in the Fall: _____ Birth Date: _____

SHARE THE SPIRIT. SHARE THE STORY. SHARE CHRIST THE KING SCHOOL



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