

# STUDENT REFERRAL FORM

Please list any families that you think would be interested in a Christian education for their children.  
**We will send the family a school brochure and information.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Ages of Children \_\_\_\_\_

Have you discussed Temple Christian with them?  yes  no

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Ages of Children \_\_\_\_\_

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Phone No. \_\_\_\_\_ Ages of Children \_\_\_\_\_

Have you discussed Temple Christian with them?  yes  no

Signature \_\_\_\_\_