



**Gabriel Richard Catholic High School**  
**NEW FAMILY REFERRAL FORM**

This document **MUST** be completed by the referring family and submitted directly to the Gabriel Richard Catholic High School Admissions Office. Criteria for program eligibility may be found at [gabrielrichard.org](http://gabrielrichard.org).

**REFERRING FAMILY INFORMATION:**

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Last Name First

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Phone Email

Student(s) currently enrolled at GR: \_\_\_\_\_

**PROSPECTIVE FAMILY:**

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Parent(s) Last Name First

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Phone Email

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Student Last Name (if different) First

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School Currently Attending Current Grade

How do you know this family?

What did you do to facilitate this referral?

By signing this document, I am indicating that I have read and understand the New Family Referral Incentive Program rules and will abide by them.

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Referring Family Signature Date

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Prospective Family Signature Date