



**St. Aloysius Enrollment Referral Form**  
217-544-4553(school)      217-544-4554(parish)

Name of Family Referred: \_\_\_\_\_

Name/ Grade of Children: \_\_\_\_\_

Available Contact Information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Name/Grade of Children: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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For Office Use Only:

Contact Made On: \_\_\_\_\_ By: \_\_\_\_\_

Through: \_\_\_\_\_

Family Enrolled:    yes                      no                      Date: \_\_\_\_\_

Children/Grades: \_\_\_\_\_

Discount/Refund: \_\_\_\_\_ Applied On: \_\_\_\_\_