



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: _____

For Office Use Only:

Contact Made On: _____ By: _____

Through: _____

Family Enrolled: yes no Date: _____

Children/Grades: _____

Discount/Refund: _____ Applied On: _____