



# Saint Joseph School

Pre-School – Grade Twelve  
999-1000 Ululani Street  
Hilo, Hawaii 96720-3999  
High School phone: (808)935-4936 fax: (808)443-0294  
Elementary School phone: (808)935-4935 fax: (808)443-0294  
www.sjshilo.com

## Referral Form 2017-2018

### NEW FAMILY:

Parent Name: \_\_\_\_\_  
(Last, First, MI)

Address: \_\_\_\_\_  
Street, PO BOX City Zip Code

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

Student Name: \_\_\_\_\_ Grade Entering \_\_\_\_\_

### REFERRING FAMILY:

Parent Name: \_\_\_\_\_  
(Last, First, MI)

Address: \_\_\_\_\_  
Street, PO BOX City Zip Code

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

We hereby submit the name of \_\_\_\_\_ having referred my/our child,  
\_\_\_\_\_ to St. Joseph School. We have known this family for \_\_\_\_\_  
years. We would like their family to receive the discount for referring our family to St. Joseph School.

Signature of New Family:

\_\_\_\_\_  
Parent Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date: \_\_\_\_\_

Accepted by:

\_\_\_\_\_  
Principal Signature Date: \_\_\_\_\_