



St. Pius X School Family Referral Program

"To Learn, to Grow, to Lead"

Please complete this form and return:

1. To the Main Office
2. Email to either, Mrs. Shaw ashaw@spxschool.org or Mrs. Gogan mgogan@spxschool.org
3. Fax 508-398-6113

Your Name (first, last): _____

Home Phone: _____ Cell: _____

Email (1): _____ Email (2): _____

Our family has referred the following prospective family to SPXS:

Our Relationship to the family is: _____

Parents or Guardian 1 (first, last): _____

Parent or Guardian 2 (first, last): _____

Home Phone: _____ Cell: _____

Email (1): _____ Email (2): _____

Address: _____

City: _____ State: _____ Zip: _____

Current School Attending: _____

Student name 1 (first, last): _____ Grade: _____

Student name 2 (first, Last): _____ Grade: _____

Student name 3 (first,last): _____ Grade: _____

Student name 4 (first,last): _____ Grade: _____