



**BEAUTIFUL SAVIOUR
LUTHERAN SCHOOL**

Let your light shine.

Grade 9 Student Referral Program 2024/2025

This form is to be completed and returned by the referring family at the time of enrollment.

I/We _____ have been referred
(name of new family)

by _____ to Beautiful Saviour Lutheran School
(name of referring family)

New parent name(s): _____

Phone: _____ Email: _____

Address: _____

New student name: _____

New student name: _____

New student name: _____

New student name: _____

Signature (Referring family): _____ Date: _____

*Please return to Beautiful Saviour Lutheran School: **admissions@bsls.ca***