

REFER-A-FAMILY



REFERRED FAMILY

Name: _____
Address: _____

Phone: _____
E-mail: _____

Childs Name: _____
Age: _____ Grade: _____

Childs Name: _____
Age: _____ Grade: _____

St. Angela's FAMILY

Name: _____
Phone: _____



Saint Angela Merici Parish School
Reverence ♦ Respect ♦ Responsibility

Please return completed form to the school office.

575 Walnut Ave.,
Brea, CA 92821
714-529-6372 Phone
714-529-7755 Fax
www.stangelabrea.org
schooloffice@stangelabrea.org