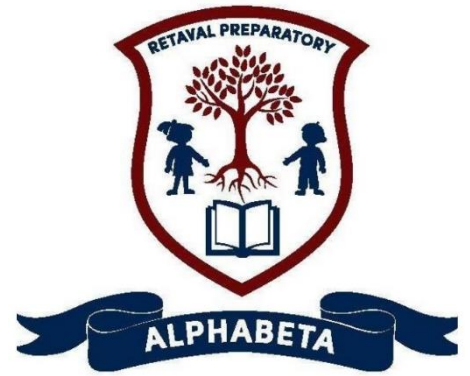


Retaval Alphabeta Preparatory

Family Referral



Child's name: _____

Referral by: _____

Signed: _____

Date: ____ / ____ / ____