



PROSPECTIVE STUDENT REFERRAL

Please complete and return to the Admissions Office
990-62nd Avenue NE, St. Petersburg FL 33702
PHONE (727) 521-5903 FAX (727) 521-5991

Name of Student: _____

Current Grade: _____ Current School: _____

Telephone: _____ E-mail: _____

Home Address: _____

City/State/Zip: _____

Parent Name(s): _____

Special Interests/Comments:

Your Name: _____

Relationship to Prospective Student: _____

Your Telephone: _____ E-mail: _____

Thank you for recommending this student to Canterbury!

If the new student is admitted and enrolled, the Business Office will issue a referral credit at the completion of the first grading period based upon the date received.

INTERNAL USE ONLY:

DATE RECEIVED: _____ ENROLLMENT DATE: _____