

Lake Ridge Academy Referral Card

Prospective Student's Name: _____ Current Grade: _____

DOB: _____ M ___ F ___ Age: _____ Current School: _____

Prospective Parent Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Work or Cell Phone: _____

How should LRA contact this family? (Please check as many as you'd like):

- Send an information packet Phone call E-mail Call to arrange a tour and school visit

By signing the bottom of this card, you verify that you have spoken with this family about Lake Ridge Academy, and they are welcoming contact from the Admission Office.

Your Signature _____ Date: _____

Print Name: _____



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