

**St. Margaret's School
Prospective Student Referral Form**

Prospective Student's Name: _____ Grade: _____

Street Address: _____ City/State/Zip: _____

Mother/Father/Guardian: _____

Home Phone Number: _____ E-mail: _____

Current School: _____

Special Interests or Activities: _____

Referred by: _____

Please return this form to the Admission Office by fax to (804) 443-6781, e-mail to admit@sms.org, or mail to P.O. Box 158, Tappahannock, VA 22560. Questions? Call the Admission Office at (804) 443-3357.
