



St. Xavier's International School

Sovarnampur, Balia, Baleswar

Help Line No – 9583411888 / 9583422888

Parent Referral Form – Admission 2026-27

Parent (Referrer) Details

1. Parent Name: _____

2. Mobile Number: _____

3. Your Child's Name: _____

4. Your Child's Class: _____

Referred Student Details

5. Student Name: _____

6. Class Seeking Admission (Nursery–IX): _____

7. Date of Birth: _____

Referred Parent/Guardian Details

8. Parent/Guardian Name: _____

9. Mobile Number: _____

10. Address: _____

Relationship / How You Know Them

11. (Neighbour / Relative / Friend / Office / Community / Other):

12. Additional Notes : _____

Declaration by Referring Parent

I declare that the details provided above are true and the referral is genuine. I understand that the referral reward (if applicable) will be issued only after the referred student's successful admission.

Parent Signature: _____

Date: _____

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