



Outfitters, Inc.
123 ½ W. State St.
Pendleton, IN 46064
765-778-9097

Referral Form

REFERRING ORGANIZATION _____

Please list all students from the same family attending school in South Madison School Corporation who are being referred to Outfitters.

STUDENT _____ GRADE _____ SCHOOL _____

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STUDENT _____ GRADE _____ SCHOOL _____

STUDENT _____ GRADE _____ SCHOOL _____

STUDENT _____ GRADE _____ SCHOOL _____

ORGANIZATION REPRESENTATIVE _____

TITLE _____ TELEPHONE _____

SIGNATURE _____ DATE _____

I, _____ as the parent/guardian of the above named student(s) give my consent for a mutual exchange of information between the above organization representative, Outfitters Inc. and the student's school(s) that pertains to the financial need of my child as well as services he/she receives from Outfitters, Inc. I understand that any information shared will remain confidential between these parties.

PARENT SIGNATURE _____ DATE _____

HOME PHONE _____