

FAITH Referral Sheet

The referral amount of \$200 will be applied to the balance remaining on your account once the referred family formally enrolls at FAITH.

Current FAITH Family Information:

Family Name: _____

Date _____/_____/_____

Referring for School Year: _____

Number of students attending FAITH: _____

Please circle all that apply: Grades of students attending FAITH:

Y5's K 1st 2nd 3rd 4th 5th 6th

Referred Family Information:

Family Name: _____

Address: _____

Phone#: _____

Email: _____

Number of students that will be attending FAITH: _____

Please circle all that apply: Grades of students attending FAITH:

Y5's K 1st 2nd 3rd 4th 5th 6th

Signed: _____ Date: _____

Office Use Only: Received Date: _____