

**CALVIN CHRISTIAN SCHOOL**  
**Family Referral / Incentive Form**

This document **must** be completed by the referring family and submitted to the attention of the Business Administrator at the school office prior to the referred family's application form being submitted.

**Referring Family:**

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Last Name First Name

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Phone Cell Phone Email Address

How do you know this family? \_\_\_\_\_

What did you do to facilitate this referral? \_\_\_\_\_

By signing this document I am indicating that I have read and understand the Family Referral/Incentive Program Guidelines and will abide by them.

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Referring Person's Signature Date

**Referred Family:**

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Last Name First Name(s)

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Phone Cell Phone Email Address

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Street City Province Postal Code

**Prospective Students:**

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Last Name First Name Grade & Year

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Last Name First Name Grade & Year

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Last Name First Name Grade & Year

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Last Name First Name Grade & Year