

CALVIN CHRISTIAN SCHOOLS 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:

Last Name	First Name
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Phone	Cell Phone	Email Address
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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.

Referring Person's Signature	Date
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Referred Family:

Last Name	First Name(s)
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Phone	Cell Phone	Email Address
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Street	City	Province	Postal Code
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Prospective Students:

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
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