

CALVIN CHRISTIAN SCHOOL
Family Referral 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

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 Program guidelines and will abide by them.

Referring Person's Signature Date

Referred Family:

Last Name First Name(s)

Phone Cell Phone Email Address

Street City Province Postal Code

Prospective Students:

Last Name First Name Grade & Year

Last Name First Name Grade & Year

Last Name First Name Grade & Year

Last Name First Name Grade & Year