



OUR REDEEMER'S CHRISTIAN SCHOOL

Student Referral Program Form

YOUR INFORMATION

Name: _____

Phone number: _____

List your current ORCS student(s) and their grade level(s):

NEW FAMILY INFORMATION

Name of **new** family you are referring: _____

Phone number(s): _____

List new student(s) and their incoming grade level(s):

TUITION CREDIT PREFERENCES: (SELECT ONE)

<input type="checkbox"/> Apply to my tuition account	<input type="checkbox"/> Split between the following families (indicate amounts):
<input type="checkbox"/> Transfer my full credit to the following family:	

Signature: _____

Date: _____