



Student Referral Form

This form **MUST** be submitted with the new student's application for admission.

First Referring Family Please print legibly

NOTE: the referring family is the Horizon family that encouraged a new family to apply

Last Name:	First Name:
Phone:	Cell Phone: Email:

Second Referring Family Please print legibly

Last Name:	First Name:
Phone:	Cell Phone: Email:

What did the family say/do to encourage you to consider HCS?

Referred Family Please print legibly

NOTE: the referred family is the family who is new to Horizon

Last Name:	First Name:
Phone:	Cell Phone: Email:

Children Applying for Admission to Horizon Christian Schools:

Last Name:	First Name:	Grade (2009-10):
Last Name:	First Name:	Grade (2009-10):
Last Name:	First Name:	Grade (2009-10):
Last Name:	First Name:	Grade (2009-10):

By signing this document, you are declaring that each "referring" family named above played a primary role in bringing you to investigate Horizon Christian Schools.

Signature

Date

Office Use Only

Tuition Reduction: _____

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Family Receiving the Reduction:

Total Tuition Reduction: _____