

# North Florida Christian School

## *My Recommendation Is Application*

New Family Name \_\_\_\_\_

New Students and Grades:

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New Family Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **My Recommendation Rules (*Check and Sign below*)**

- I have personally referred the above family for enrollment in NFCS.
- I understand that only the initial referring family is eligible for the My Recommendation benefit
- I understand the student(s) must be accepted by NFCS' Admissions Office and will approve this application if qualified.
- I understand the referral benefit will be applied to my tuition account after 30 days of the new student's attendance at NFCS.
- I understand that this application must be submitted at the time of the new student's application or no later than 30 days after enrollment.

\_\_\_\_\_  
Name of Referring Parent (Please Print)

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Signature of Referring Parent

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### **Admission and Business Office Only:**

Admission Office approval of meeting the above guidelines \_\_\_\_\_

Business Office referral benefit to be applied \_\_\_\_\_