



New Student Referral Program Form

Referring Family Information

Parent: _____

Cell Phone: _____ Email: _____

Current Berean Christian Student: _____

How do you know this family? _____

What did you do to facilitate this referral? _____

Prospective Family Information

Parent: _____

Cell Phone: _____ Email: _____

Prospective Students:

Name: _____ Grade entering: _____

Name: _____ Grade entering: _____

Name: _____ Grade entering: _____

Name: _____ Grade entering: _____

By signing this document, I am indicating that I have read and understand the Student Referral Program Rules and will abide by them.

Referring Person's Signature

Date