

Hand Pick Your Child's  
classmates

&

And Earn Free Tuition  
In doing so...

\$1000 per referral K-12

(or \$250 for preschool)

Up to one full semesters tuition can be earned

New Family Name (Parents):

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Student Name(s) and Grade(s):

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I would like my referral fee applied as a (choose one):

- Applied to My Tuition Account as a benefit for 2017-2018.
- Apply to WTCS 2017-2018 tuition

**How to refer:**

- Encourage friends, family, neighbors to join the WTCS community and see how God is using WTCS to transform lives, strengthen families, and local church bodies.
- Arrange a personal tour for the prospective family.
- Return this referral form to the school office prior to the new family application being submitted to WTCS. The new family must indicate the name of the family making the referral on the application for enrollment.

**Who is eligible?**

- All currently enrolled families.
- Referred families may not have been previously enrolled in WTCS for at least 1 year.
- Referred student(s) must be accepted and eligible for enrollment and be enrolled for a **minimum of one full semester**.
- Acceptance subject to available space and completion of the registration process.

**Benefit:**

- For each family referred and enrolled, you will receive a \$1,000 benefit (or \$250 for preschool) applied to your tuition account during the second semester.
- Referrals may equal up to **one full semester**, per child. You will receive **free tuition for that student for the 2<sup>nd</sup> semester of the school year**.
- New student(s) must be enrolled for **one full semester** and be in good financial standing *before the benefit is applied*.

Please initial and sign below:

\_\_\_\_\_ I understand that my tuition account will not be credited until the referred student is enrolled for a **minimum of 1 full semester** and is in good financial standing.

\_\_\_\_\_ I understand that the initial referring family **and** the new family (for grades K-12) are eligible for the benefit and the families must provide both names on their application(s) for enrollment to qualify for the referral program.

One referring family per application.

Name of referring family:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_