

2020-2021 WTCS REFERRAL PROGRAM

The objective of this program is to encourage the enrollment of new students and to reward the current WTCS school families with a tuition benefit. This is a great program for families in need of tuition assistance.

How to refer:

- Invite friends, family, neighbors to join the WTCS community and see how God is using a small school to transform lives.
- Arrange a personal tour for the prospective family.
- Return this referral form to the school office at the time the family is considering 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 in good financial standing.
- 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.
 - If you refer 5 families & those families stay enrolled for **one full semester**, you will receive **free tuition for one student for the 2nd semester**.
 - New student(s) must be enrolled for **one full semester** and be in good financial standing *before the benefit is applied*.
 - The family making the referral **must** submit this form when the referred family makes initial contact with the school administrator. The new family **must** indicate the name of the family making the referral on the application for enrollment.
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New Family Name (Parents): _____

Student Name(s) and Grade(s): _____

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

- ☐ Applied to My Tuition Account as a benefit for 2020-2021.
- ☐ Apply to WTCS 2020-2021 tuition

Please initial and sign below:

_____ I understand that my tuition account will not be benefited 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: _____