

# ST. JOSEPH SCHOOL REFERRAL INCENTIVE PROGRAM FOR 2018-2019

## HOW THE PROGRAM WORKS

- Invite your family, friends, co-workers and neighbors to enroll their child/children at St. Joseph School.
- Complete your portion of the Referral Incentive Application below and give it to the new family you are referring to St. Joseph School. Note that the NEW family MUST include this form with their registration materials, and may only turn in one Referral Incentive Application. It is the responsibility of the REFERRING family to make sure the new family turns in the Referral Incentive Application below with their registration materials. Failure to include the Referral Incentive Application with the registration material will disqualify the referring family from receiving its incentive. No retroactive referrals will be accepted.
- Once the student(s) in the new family is accepted for admission and attends St. Joseph through June 2019, the approved Referral Incentive will be credited to your last payment by June 15, 2019.

## WHO IS ELIGIBLE

- Program is open to all tuition-paying St. Joseph families whose tuition accounts are current.
- Referred families may not have previously attended St. Joseph School.
- Referrals of younger siblings of current students are appreciated but are not eligible for the referral incentive.
- Referred student(s) must be accepted for admission and attend St. Joseph School beginning with the opening of school in September 2018 through the end of June 2019.

## AMOUNT OF REFERRAL INCENTIVE

- \$500.00 for each referred family with one full-time child attending St. Joseph from September 2018 through June 2019.
- \$750.00 for each referred family with two or more full-time children attending St. Joseph School from September 2018 through June 2019.

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## ST. JOSEPH SCHOOL REFERRAL INCENTIVE APPLICATION FOR 2018-2019

NEW Family Name: \_\_\_\_\_

NEW Student(s) Name & Grade:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PLEASE READ, INITIAL, AND SIGN BELOW:

\_\_\_\_\_ I have personally referred the above family for enrollment in St. Joseph School.

\_\_\_\_\_ I understand that only one referring family is eligible for the Referral Incentive for each new family.

\_\_\_\_\_ I understand that the new student(s) must attend St. Joseph from Sept. 2018 through June 2019.

Signature of referring (current) Parent: \_\_\_\_\_

Parent's Name (print): \_\_\_\_\_

Referring Family Student(s) Name(s): \_\_\_\_\_

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_