

Wauconda Campus 316 W. Mill St. Wauconda, IL 60084 (847) 526-6311

REFERRAL Form & Guidelines

Thank you to all families for their love, interest and dedication to our school. We look forward to growing our family and community through your connections.

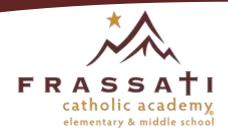
As a *New Family* we are excited to welcome you and your children in our doors and start an amazing journey of academia, leadership, deepened spirituality, athleticism and perseverance.

As a *Referring Family* we want to thank you for advocating on behalf of our school and continuing to allow our Eagle pride from Frassati Catholic Academy shower others.

When a *Referring Family* connects a *New Family* to our school, we show our appreciation by offering a referral credit to the *Referring Family*. Once the *New Family* has officially registered and starts attending; at any grade level – preschool through 8^{th} Grade; the *Referring Family* may receive a \$500 referral credit.

To be eligible for a Referral, the following criteria must be met:

- * Referring Family is registered with children enrolled at Frassati Catholic Academy
- New Family has not previously attended any of our unified schools as identified as St. Mary of the Annunciation Elementary, Transfiguration Catholic Elementary, Santa Maria del Popolo School and/or Frassati Catholic Elementary Middle School
- New family has enrolled and has attended for six months
- ❖ Both participating families MUST complete and submit a Referral Form with the registration
 - Attached Below
 - o Can be picked up in any office location or printed off website
- ❖ Tuition credit will be applied to your remaining tuition balance to *Referring Family* once all criteria has been met by end of fiscal year
- ❖ Total of tuition referral credits may not exceed the amount of tuition and fees



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REFERRAL FORM — (to be submitted)

New Family Inform	nation:		
Head of Household Name (First	& Last):		
Campus(es) Enrolled at:			
Number of Youth Enrolled:			
Name(s) & Grade(s) of Youth:			
City:	Zip:		
Primary Phone:		Secondary Phone:	
Email Address:			
,	& Last):		
		Secondary Phone:	
Email Address:			
v v	U	assati Catholic Academy. Upon submission of the referring family will receive a tuition cred	
Signature of Head of Household for Referring Family			Date:
Signature of Head of Household for New Family			Date: