



# Newman Catholic Schools

## New Student Enrollment Referral Reward Program Application

### New Referred Family/Student Information:

Parent's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

<u>New Student Name(s)</u>	<u>Grade Level(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____

### New Parent Agreement

**I have received, read and understand the Referral Program Rules and agree to my participation in the program.**

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

### NCS Referring Family or Friend of Newman Information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Referring Parent Agreement

**I have read and understand the Referral Program Rules and agree to my participation in the program.**

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

### Referral Rewards Program Application - Accepted By:

NCS President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(NCS Office Use Only)

Referral Application Received Date: \_\_\_\_\_

NCS Staff  
Initial

New Family: Enrollment Received Date \_\_\_\_\_ Date Credit Applied \_\_\_\_\_

Referring Family: Enrollment Received Date \_\_\_\_\_ Date Credit Applied \_\_\_\_\_