



(816) 455-3513



"Giving students the tools of learning for life"

Referral Credit Information Sheet

New Family's Last Name (family being referred): _____

Father's name: _____

Mother's name: _____

Address and phone number: _____

Child 1 _____ Grade _____

Child 2 _____ Grade _____

Child 3 _____ Grade _____

Child 4 _____ Grade _____

Child 5 _____ Grade _____

Describe briefly how you know this family and how you came to refer them to FCA:

Please read the following and sign if you understand and accept these conditions:

1. This is a one-time \$100 credit for a part-time student (at least 3 courses) or a one-time \$200 credit for a full-time student (at least 5 classes) and payment depends upon the student staying in school.
2. This credit is one per family, NOT one per student; however there is no limit to the number of families you can refer.
3. This credit will be paid ½ each semester during the school year. The referrer will not be penalized if the student does not complete a semester (If the student does not complete the 1st semester, the first payment will not be forfeit, but no 2nd payment will be made).
4. No credit will be given if this sheet is not turned in with the new family's application.

Name of person making this referral: _____

Signature of person making this referral: _____

If you have any questions about this form or the referral credit, please contact the office at 816-455-3513 or send an email to office@fcaclassical.com Thank you for your continued support of Faith Christian Academy.