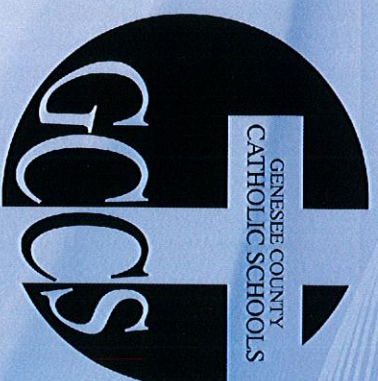


# STUDENT REFERRAL PROGRAM

## REFERRING FAMILIES SHOULD:

1. Contact the prospective student and their parents to inform them that they have made a request that a GCCS representative contact them about enrolling.
2. Fill out the attached Referral Form with the family they are referring and return the completed form to the appropriate GCC School.



## GUIDELINES:

1. Any family is eligible to refer a student to a GCCS. The credit earned may be saved for a future student, donated to a specific current student, or donated to the general scholarship fund. No cash disbursements will be made.
2. The Tuition Credit is equal to \$500 for elementary referrals and \$1000 for Powers Catholic depending on where the referred student enrolls.
3. To earn the tuition credit, the referred student must be new to the GCCS system, must successfully complete the first semester of the school year at a GCC School, and be current in meeting their tuition obligation.
4. If a referred student enrolls after the start of the school year, the tuition credit is earned after 6 months of enrollment and their tuition obligation is met.
5. The tuition credit will be awarded when the referred student has completed the requirements in either #3 or #4.
6. The tuition credit is awarded only for the year in which the referred student enrolls. It does not recur for each of the succeeding year of attendance at GCC school.
7. The referred family will identify ONE family who referred them to receive the tuition credit at the time of their enrollment. Only ONE referring family per enrolled student will receive the tuition credit.
8. You may refer as many new students as you would like to receive multiple tuition credits.

## REFERRING FAMILY:

Student Name(s): \_\_\_\_\_ Grades: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

I have read the guidelines of the GCCS Student Referral Program and am referring the family listed below.

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

## FAMILY BEING REFERRED: \*PLEASE BRING TO YOUR REGISTRATION APPOINTMENT.

Parent Names: \_\_\_\_\_  
Student Name(s): \_\_\_\_\_ Grades: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

## \*To be completed with a school official at the time of registration:

I have read the guidelines of the GCCS Student Referral Program and hereby agree that the above family referred us to enroll at this GCCS school.

Signature of referred parent \_\_\_\_\_ date \_\_\_\_\_ Signature of school official \_\_\_\_\_ date \_\_\_\_\_