



## TELL-A-FRIEND PROGRAM

Initial Date Recruited Family contacted CCS: \_\_\_\_\_

Enrollment Year at CCS: \_\_\_\_\_

### REFERRED FAMILY INFORMATION

Referred Family Name: \_\_\_\_\_

Referred Student Name(s): \_\_\_\_\_

Student Grade: \_\_\_\_\_

Referred Family Address: \_\_\_\_\_

\_\_\_\_\_

### CCS REFERRING FAMILY INFORMATION

Referring CCS Family Name: \_\_\_\_\_

Referring CCS Family Address: \_\_\_\_\_

\_\_\_\_\_

Referring CCS Family Name: \_\_\_\_\_

Referring CCS Family Address: \_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE ONLY

APPROVAL DATE: \_\_\_\_\_

TUITION CREDIT AMOUNT: \_\_\_\_\_

PRINCIPAL SIGNATURE: \_\_\_\_\_

BOARD PRESIDENT SIGNATURE: \_\_\_\_\_