



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 8th 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
 - 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

Reach for the Heights - "Verso l'alto!"
- Blessed Pier Giorgio Frassati



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

REFERRAL FORM – (to be submitted)

New Family Information:

Head of Household Name (First & Last): _____

Campus(es) Enrolled at: _____

Number of Youth Enrolled: _____

Name(s) & Grade(s) of Youth:

Mailing Address: _____

City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Referring Family Information:

Head of Household Name (First & Last): _____

Mailing Address: _____

City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

This form indicates that a new family has been referred to Frassati Catholic Academy. Upon submission of this form, official registration, paid tuition and attendance for a minimum of 6 months; the referring family will receive a tuition credit in the amount of \$500.

Signature of Head of Household for Referring Family

Date:

Signature of Head of Household for New Family

Date: