



## REFERRAL Form & Guidelines

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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 8<sup>th</sup> 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: