

# GWINNETT CHRISTIAN ACADEMY

## Referral Rewards Form

Please complete this form for each family you would like to refer. Please return the completed forms to the school office or drop off in the car pool line.

### FAMILY BEING REFERRED

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Title \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Title \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

List Prospective Students:

1. \_\_\_\_\_ Grade: \_\_\_\_ School Attending: \_\_\_\_\_

2. \_\_\_\_\_ Grade: \_\_\_\_ School Attending: \_\_\_\_\_

3. \_\_\_\_\_ Grade: \_\_\_\_ School Attending: \_\_\_\_\_

### GCA REFERRING FAMILY INFORMATION

Referring GCA Family: \_\_\_\_\_

How long have you known the referred family? \_\_\_\_\_

Please use this space for any additional information you would like to provide:

I would like to recommend the above listed family for admission to Gwinnett Christian Academy. I know this to be a Christian family and believe they would be interested in providing a Christian education for their children in the 2009/10 school year.

Signed Name \_\_\_\_\_ Date \_\_\_\_\_