

HORIZON CHRISTIAN SCHOOL

Student Referral / Incentive Program Form

Date: _____

Referring Family: _____
Name

New Family: _____
Name

New Student/Students:

_____ Name Grade Entering

_____ Name Grade Entering

_____ Name Grade Entering

_____ Name Grade Entering

Call Carol at (541) 387-3200 ext. 1107 or e-mail at cyates@horizonchristianschool.org if you have questions or would like more information.

Office:

Credit to: _____

Amount: _____

Posting Date/By: _____

Approved: _____