



# WAKE

CHRISTIAN ACADEMY

## NEW FAMILY / STUDENT REFERRAL FORM

### New Referred Family/Student Information

Parent's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Student Name

Grade Level

_____	_____
_____	_____
_____	_____

### WCA Referring Family/Individual Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**(Office Use Only)** *Referred Family Enrollment Date:* \_\_\_\_\_

\$ \_\_\_\_\_ December Tuition Credit (Referral Family) Date Credited: \_\_\_\_\_

\$ \_\_\_\_\_ April Tuition Credit (Referral Family) Date Credited: \_\_\_\_\_

\$ \_\_\_\_\_ December Payment (Past Parent, Alumni or Other Referral) Date Paid: \_\_\_\_\_