



My Recommendation Rewards

To Be Completed by the Referring Family:

New Family Name: _____

New Students/Grades:

First Student _____ Grade _____

Second Student _____ Grade _____

Additional Student _____ Grade _____

New Family Address:

Parent's Name _____

City _____ State _____ Zip _____

My Recommendation Rules (Check and Sign below)

____ I have personally referred the above family for enrollment in NFC Academy.

____ I understand that only the initial referring family is eligible for the My Recommendation benefit.

____ I understand the student(s) must be accepted by NFC Academy Admissions Office and will approve this application if qualified.

____ I understand the referral benefit will be applied to my tuition account after 30 days of the new student's attendance at NFC Academy.

____ I understand that this application must be submitted at the time of the new student's application or no later than 30 days after enrollment.

Name of Referring Parent: _____

Daytime Phone Number: () _____

Signature of Referring Parent: _____

You can FAX this form to the NFC Academy Admissions Office, scan and email to nfcacademy@nflchurch.com, or mail to NFC Academy, Administration Office, 3000 N. Meridian Road, Tallahassee, FL 32312

Admission and Business Office Only:

Admission Office:

Business Office: _____