My Recommendation Is . . . NFC Academy

New Family Name: _____

New Students/Grades:

_____

_____

_____

_____

New Family Address: _____

_____

City *State* *Zip*

Phone: ( ) _____ E-mail: _____

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: _____

Admission and Business Office Only:

Admission Office approval of meeting the above guidelines:

_____

Business Office referral benefit to be applied:

_____