

Family Referral Form

839 S. Crooks Rd., Clawson, MI 48017
248 585-9150 phone / 248 585-2040 fax
www.japhetschool.org
email robin.pospisil@japhetschool.org



NEW FAMILY INFORMATION

Parent Name(s) in New Family: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

New Students' Names (if known):

Grade/Class

1. _____

2. _____

3. _____

4. _____

REFERRING FAMILY INFORMATION

Name of Person/Family Making Referral: _____

Signature of Referring Person: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

There is no limit to the number of families an individual may refer. Returning families or students may not be referred. At the discretion of the Board of Trustees, this program may expire at any time. Final dispensation of funds is made by the Head of School.

APPROVAL - ADMINISTRATIVE USE ONLY

Referral verified by what means: _____

Head of School Verification: _____
signature

Date of Verification: _____

Please return completed form to Robin Pospisil using the above contact information.

ADMISSIONS FULFILLMENT - ADMINISTRATIVE USE ONLY

Name of Enrolling Family: _____

Student: _____ Date enrolled: _____

Student: _____ Date enrolled: _____

Student: _____ Date enrolled: _____

Student: _____ Date enrolled: _____

For referral fee payout, the following requirements must be fulfilled for each child enrolled:

- | | |
|-----------------------|--|
| Bookkeeper's initials | <input type="checkbox"/> Application fee(s) of \$25 has been paid
<input type="checkbox"/> Tuition deposit(s) of \$575 has been paid
<input type="checkbox"/> Materials fee(s) has been paid
<input type="checkbox"/> Bookkeeping fee(s) has been paid, if applicable
<input type="checkbox"/> Additional tuition payment(s) has been paid, excluding scholarship awards or other tuition assistance, totaling \$500 or more |
| Registrar's initials | <input type="checkbox"/> Registration paperwork completed |

Any scholarship aid that may have been awarded will credit to the new family's account as soon as the above listed fees and payments have been made. Students enrolling after January 1 qualify as referrals, but payment of the referral fee is subject to additional restrictions.

Referral Payment Calculation:

\$ _____ \$500 per family (full-time student) OR \$300 per family (part-time student)

\$ _____ \$100 for additional child enrolled in grade Preschool through 8

\$ _____ \$100 for additional child enrolled in grade Preschool through 8

\$ _____ \$100 for additional child enrolled in grade Preschool through 8

\$ _____ **Total Referral Payment**

PAYOUT DISTRIBUTION

\$ _____ Donate to Japhet. My employer has a matching gift program: Y N

\$ _____ Apply to my tuition / account. (Mandatory for delinquent accounts.)

\$ _____ Please send me a check. (Check #: _____ Date paid: _____)

Signature of Recipient from primary referring family: _____

Signature of Business Manager: _____

Signature of Head of School: _____