**Student Referral Incentive Program Form**

The St. Patrick’s Elementary School Vancouver (SPEV) Student Referral Incentive Program awards a currently registered SPEV family with a $200 tuition credit for each new student who is referred to the school, is successfully accepted into the school and attends SPEV for the full academic school year. Refer a family that enrolls two students and receive a $400 tuition credit; refer a family that enrolls three students and receive a $600 tuition credit.

To qualify, the “referring family” must fill out this form and have the new, prospective family present it upon initial contact with the school. The form must be completed and signed when they first make contact with the school. The prospective family should be instructed to bring the completed form to the school office.

**Referring Family Information**

*Contact Person 1*

First Name and Last Name: Click or tap here to enter text.

Contact Number: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Please select the description that applies to you: [ ]  SPEV teacher [ ] SPEV staff [ ] SPEV family

*Contact Person 2*

First Name and Last Name: Click or tap here to enter text.

Contact Number: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Please select the description that best applies to you: [ ]  SPEV teacher [ ] SPEV staff [ ] SPEV family

Child 1 First Name and Last Name: Click or tap here to enter text. Current Grade Level: Choose an item.

Child 2 First Name and Last Name: Click or tap here to enter text. Current Grade Level: Choose an item.

Child 3 First Name and Last Name: Click or tap here to enter text. Current Grade Level: Choose an item.

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**Referred/New Family Information**

Is the referred/new Family a St. Patrick’s parishioner? [ ]  Yes [ ]  No

Do they have a child already attending SPEV school? [ ]  Yes [ ]  No

Did they have a child (or children) previously enrolled at the SPEV school? [ ]  Yes [ ]  No

Do they have a child (or children) currently attending St. Patrick’s preschool? [ ]  Yes [ ]  No

*Note that if the answer is yes in any of the questions, you are ineligible to participate in the program. Form must not be provided to the referred family.*

Parent 1 First Name and Last Name: Click or tap here to enter text.

Parent 1 Contact Number: Click or tap here to enter text. Parent 1 E-mail Address: Click or tap here to enter text.

Parent 2 First Name and Last Name: Click or tap here to enter text.

Parent 2 Contact Number: Click or tap here to enter text. Parent 2 E-mail Address: Click or tap here to enter text.

Child 1 First Name and Last Name: Click or tap here to enter text.

Grade Level that the referred/new family is planning to enroll their child in the next school year: Choose an item.

Child 2 First Name and Last Name: Click or tap here to enter text.

Grade Level that the referred/new family is planning to enroll their child in the next school year: Choose an item.

Child 3 First Name and Last Name: Click or tap here to enter text.

Grade Level that the referred/new family is planning to enroll their child in the next school year: Choose an item.

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**Referring Family Confirmation**

I/We understand the eligibility requirements of the Student Referral Program and that this form will be subject for review and approval according to the program’s policy. I/We confirm the information we filled-out in this form is current and accurate. Should you require further information, please do not hesitate to contact us.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Click or tap to enter a date.

***Referring Family Signature Date Signed by Referring Family***

***(At least one parent signature)***

**SCHOOL OFFICE USE ONLY. Please do not fill out this part.**

1. School Year that the child/ren of the referred family is/are officially enrolled to SPEV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did the child (or children) of the referred/new family complete the full academic/school year (September – June)? [ ] Yes [ ]  No

*If the answer is yes, please complete the next set of questions.*

1. Did the child (or children) of the referring family complete the full academic/school year (September – June)? [ ] Yes [ ]  No
2. Is the referring family currently employed by SPEV? [ ] Yes [ ]  No
3. Amount of Tuition Fee Credit

[ ]  $200 (for 1 referred child)

[ ]  $400(for 2 referred children)

[ ]  $600 (for 3 or more referred children)

[ ]  $\_\_\_\_\_\_\_ (for \_\_\_ referred children). Select and complete if more than 3 children were referred.

1. Form of credit for referring family

[ ]  Tuition credit

Please indicate which month and school year the tuition credit will be applied to: (i.e. January SY2022-2023): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Incentive cheque - graduating out of the school

[ ]  Incentive cheque (applicable for teachers and staff – except for principal)

**Approved by**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click or tap to enter a date.

**Diane Sorochuk, SPEV Principal Date approved by the Principal**