



FAMILY REFERRAL FORM

Please fill out the information below indicating the new family enrolling and the family that referred them to LCS and submit to the Business office.

NOTE: The referral award of \$350 will be applied after the family referred has been enrolled at LCS a full semester. The new family must list the referring family on their application.

Family Requesting Award

Name _____

Email _____

New Family

Name _____

Email _____

For Main Office Use Only:

Date New Family Started at LCS _____

Date Referral Award was posted to:

FACTS _____

Accounting Software _____