



# The French American Academy

Bilingual Education, International Citizens

## REFERRAL PROGRAM FORM

| THE FRENCH AMERICAN ACADEMY CURRENT PARENT (The parent who is currently enrolled at the French American Academy)   | NEW PROSPECTIVE PARENT (The parent who is enrolling at The French American Academy and who is referred by this form's Current Parent)   |
|--|---|
| <p><input type="checkbox"/> I have checked the program's terms and conditions on <a href="https://www.faacademy.org/community/parents/referral-program/">https://www.faacademy.org/community/parents/referral-program/</a></p> <p>1. First and Last Name</p> <p>2. Email</p> <p>3. Phone Number</p> <p>4. Date and Signature</p> | <p><input type="checkbox"/> I have checked the program's terms and conditions on <a href="https://www.faacademy.org/community/parents/referral-program/">https://www.faacademy.org/community/parents/referral-program/</a></p> <p>5. First and Last Name</p> <p>6. Email</p> <p>7. Phone Number</p> <p>8. First and Last Name of the current parents that are referring you</p> <p>9. How many children are you enrolling in our school ?</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> More than 4</p> <p>10. What is their birthdate (mm/dd/yyyy)?</p> <p>First child _____</p> <p>Second child _____</p> <p>Third child _____</p> <p>Fourth child _____</p> <p>Fifth child _____</p> <p>11. Date and Signature</p> |