

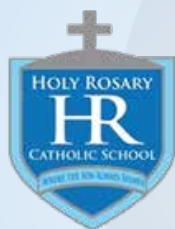
Please return this form to the school that should contact the prospective family



**Holy Family**  
215 Orchard Street  
Grand Blanc, MI 48439  
810-694-9072



**St. Mary**  
11208 N. Saginaw  
Mt Morris, MI 48458  
810-686-4790



**Holy Rosary**  
5199 Richfield Road  
Flint, MI 48506  
810-736-4220



**St. Pius X**  
3139 Hogarth Avenue  
Flint, MI 48532  
810-235-8572



**St. John the Evangelist**  
514 Lincoln Street  
Fenton, MI 48430  
810-629-6551



**St. Robert Bellarmine**  
214 East Henry Street  
Flushing, MI 48433  
810-659-2503



**St. John Vianney**  
2319 Bagley Street  
Flint, MI 48504  
810-235-5687



**Powers Catholic**  
1505 W. Court Street  
Flint, MI 48503  
810-591-4741

WHO DO YOU KNOW  
THAT BELONGS IN A  
GENESEE COUNTY  
CATHOLIC SCHOOL?



Yes, it is possible to pay  
100% of your tuition  
commitment with this  
program!

# STUDENT REFERRAL PROGRAM

## REFERRING FAMILIES SHOULD:

1. Contact the prospective student and their parents to inform them that they have made a request that a Genesee County Catholic School (GCCS) representative contact them about enrolling.
2. Fill out the attached referral form with the family they are referring and return the completed form to the appropriate GCCS **PRIOR TO OR AT THE TIME OF ENROLLMENT.**



## GUIDELINES:

1. Any family is eligible to refer a student to a GCCS. The credit earned may be saved for a future student, donated to a specific current student, or donated to the general scholarship fund. No cash disbursements will be made.
2. The tuition credit, per student, is equal to \$500 for elementary referrals and \$1000 for Powers Catholic, depending on where the referred student enrolls.
3. To earn the tuition credit, the referred student must be new to the GCCS system, must successfully complete the first semester of the school year at a GCCS, and be current in meeting their tuition obligation.
4. If a referred student enrolls after the start of the school year, the tuition credit is earned after 6 months of enrollment and their tuition obligation is met.
5. The tuition credit will be awarded when the referred student has completed the requirements in either #3 or #4.
6. The tuition credit is awarded only for the year in which the referred student enrolls. It does not recur for each of the succeeding year of attendance at GCCS.
7. The referred family will identify ONE family who referred them to receive the tuition credit at the time of their enrollment. Only ONE referring family per enrolled student will receive the tuition credit.
8. You may refer as many new students as you would like to receive multiple tuition credits.

## PLEASE COMPLETE REGARDING THE REFERRING FAMILY (Current GCCS Family):

Student Name(s): \_\_\_\_\_ Grades: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

I have read the guidelines of the GCCS Student Referral Program and am referring the family listed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLEASE COMPLETE REGARDING THE FAMILY BEING REFERRED (New Family):

Parent Names: \_\_\_\_\_

Student Name(s): \_\_\_\_\_ Grades: \_\_\_\_\_ Current School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

## TO BE COMPLETED WITH A SCHOOL OFFICIAL AT THE TIME OF REGISTRATION

I have read the guidelines of the GCCS Student Referral Program and hereby agree that the above family referred us to enroll at this GCCS.

\_\_\_\_\_  
Signature of referred parent

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature of school official

\_\_\_\_\_  
date