

Victory Life Academy

Referral Form

Date _____

Name of family *giving referral* _____

Name of family *referred* _____

Child Name _____

Child Name _____

Child Name _____

Child Name _____

To the family enrolling your child(ren) in Victory Life Academy:

By signing this form, you are acknowledging that you were informed and encouraged to enroll your children in this Academy by the family named above. The family named above will receive a \$250 credit off of their tuition after you have enrolled and paid 2 months of your own tuition. The above family will receive only a \$250 credit per family, not per child. If you have any questions, please call the school office. Thank you.

_____ / _____

Signature of Parent/s enrolling children in Victory Life Academy

Date