



NHCS Student Recruiting Referral Form

Please use one form for each child being referred

Applicant Information (Who's Being Referred?)

Last Name _____

First

Name _____

Grade _____

Age _____

M / F (Circle One)

Relationship _____ Neighbor _____ Family _____ Church
(Check all that apply)

Co-Worker

Other

Your Information (Who's Doing the Referring?)

Last

Name _____

First

Name _____

Referral Date _____

Office Use Only (Do Not Fill Out This Section)

Interview Date _____ Approval Date _____

Approval

Signature _____

Tuition Credit Date _____

Comments _____
