EVERGREEN
CHRISTIAN SCHOOL

2026-2027 K-8th Parent Referral Reward Request Form

Parent Referral Program

Evergreen Christian School is grateful when our families share ECS with others. As a thank you, families may earn a **one-month tuition waiver** for each eligible new family they refer.

Referral Eligibility

A referral is eligible when the new student:

- Is enrolling in **Kindergarten through 8th Grade** for the first time at ECS.
- Comes from a family with **no students currently or previously enrolled** at ECS.
- Enrolls in a class with available space.
- Remains continuously enrolled for the required qualifying period.

The Parent Referral Program **does not apply** to:

- Students transitioning from ECS Preschool into Kindergarten.
- Siblings of current or former ECS students.
- Students returning after previously attending ECS.

Referral Reward

For every eligible student referral, the referring family will receive **one month of tuition waived**.

Students Beginning at the Start of the School Year

If the referred student enrolls at the beginning of the school year and completes that school year, the referring family will receive a tuition waiver for **June of that same school year**.

Students Beginning After the School Year Starts

If the referred student enrolls after the first month of school, the student must remain enrolled for the equivalent of **12 consecutive months**. The tuition waiver will then be applied during the following June.

There is no limit to the number of referral rewards a family may earn. Each qualifying referral earns one additional month of tuition waived. Tuition waivers are non-transferable.

Requests for referral rewards must be submitted **no later than the end of the referred student's qualifying school or calendar year.**

Referral Request

Referring Family

Parent/Guardian Name: _____

Student(s) Currently Enrolled at ECS: _____

I certify that I referred the following new family to Evergreen Christian School:

Referred Family Name: _____

Parent/Guardian Signature: _____

Date: _____

Incoming Family

We confirm that our family was referred to Evergreen Christian School by the family listed above.

Parent/Guardian Name: _____

Child(ren) Enrolling: _____

Referred By (Referring Family): _____

Parent/Guardian Signature: _____

Date: _____

Questions?

Please contact the ECS Bookkeeper: **Phone:** (360) 352-3410 **Email:** ecsaccounting@evergreenpnw.com

School Office Use Only

Referral Eligibility Verified: ☐ Yes ☐ No

Student Enrollment Date: _____

Qualifying Enrollment Completed: _____

Tuition Waiver Month Awarded: _____

Approved By: _____

Date Approved: _____

Notes:

_____

_____

_____