HORIZON CHRISTIAN SCHOOL
Student Referral / Incentive Program Form

To be completed by the Prospective Family and submitted at the time of application.

Referring Family: _____
Last Name First Name

Prospective Family: _____
Last Name First Name

Prospective Students:

Last Name	First Name	Grade Entering

Call Carol at (541) 387-3200 ext. 1107 or e-mail at cyates@horizonchristianschool.org if you have questions or would like more information.