



ST. JOSEPH REGIONAL CATHOLIC SCHOOL

40 Main Street, Salem, NH 03079 • 603-893-6811 • www.stjosepheagles.org

Inspired by faith and guided by wisdom, our children soar!

St. Joseph Referral Program

For Grades K through 8

\$500 Tuition Reduction for Each New Family

St. Joseph Regional Catholic School looks to grow its enrollment and spread the good news of our school. We recognize the positive impact our students, parents, and faculty have on our reputation in the community and we recognize the hardship paying tuition for Catholic education can create for our families. With that in mind, St. Joseph offers a Referral Program for two reasons:

- 1.) to encourage our families to actively spread the good news at St. Joseph to their family, friends, and neighbors;
- 2.) to offset the cost of tuition for the referring family who successfully recruits a new family to the quality education and experience offered at our school.

Referral Program Policy

For Grades K through 8

Current Families, Teachers, & Staff

A referring family who recruits a new family to attend St. Joseph's Regional Catholic School K-8 will receive a \$500.00 reduction in tuition if the referred family completes one school year at our school and remains in good standing. This incentive is **per family** and not per student. The reduction will be applied to the referring families May tuition. The referring family whose name is on the referral form will receive the incentive. If two families refer another family the two referring families will split the referral incentive. If a current teacher or staff member refers a family to attend our school they will receive a check for \$500.00 in the form of a payroll check. The St. Joseph Referral Program Form must be completed and returned to the Business Office.

St. Joseph Referral Program Form

To be completed by the referring family.

Date Submitted to Main Office: _____

Referring Family:

Names of Parents/Guardians: _____

Names of Student(s): _____

Grade(s): _____

New Family:

Names of Parents/Guardians: _____

Names of Student(s): _____

Grade(s): _____

For Office Use Only

Date Received by Main Office: _____

Month and Year New Student Starts at St. Joseph: _____

Anticipated Month and Year Tuition Reduction will be Applied: _____

Anticipated Number of Tuition Reductions: _____

Approved by:

Principal: _____

Date: _____

Original to: St. Joseph Business Office

Copy to:

Referring Family

St. Joseph Main Office