



ST. AGNES SCHOOL

Over 140 Years of Education with Heart and Soul

60 Park Place Avon, New York 14414 585-226-8500

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www.stagnesavon.org

Ambassador Program Referral Form for New Family

Date: _____

Referred New Family Name: _____ will be
registering at

(Print Referred Family Name)

St. Agnes School in _____ grade(s).

I certify that the Referring Current Family:

(Print Current Family Name)

did communicate with our family regarding the benefits of St. Agnes School and were
pertinent in our decision to enroll at St. Agnes School.

Signature of Referred Family:

The referring family must be a current school family. The referring family and the referred family will receive a credit on their tuition applied to their first tuition payment due July 1st. Only one current family may receive the tuition credit for a newly registered family. The credit is based per family – not by number of students enrolling from that family. If the referred family leaves before the end of the school year, the credit will be removed from both accounts. Both families must submit a W-9.

The credit received by both the referring family and the referred family is based on the highest grade level that the referred family will be entering:

Preschool 3 year olds: \$100

Preschool 4 year olds AM only: \$150

Preschool 4 year olds All Day: \$150-500 (based on days attending)

Kindergarten – 6th Grade: \$500

(Signature of Principal)

(Date)

Referring Family W-9
Received

