



CANADA STAR SECONDARY SCHOOL
MAKE THE DIFFERENCE

New Student Referral Program 2020-21

This form is to be completed and returned by the Referring Family/Business at enrollment time.

I/We _____ have been
(name of New Family)
referred by _____ to Canada Star Secondary School.
(name of Referring Family/Business)

New Parent Name(s): _____ Phone: _____

Email: _____

Address: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

Signature (Referring Family): _____ Date: _____

Please return to Canada Star Secondary School: admissions@canstarlearning.com

Office Use Only:

Enrollment Date _____ **Incentive Amount:** _____

Cheque Issued: _____ **Date:** _____