



RAINBOW MONTESSORI SCHOOL

FAMILY REFERRAL FORM

We appreciate our referrals! What better way to share your child’s experience here at Rainbow by referring a new family. **We would like to offer both families a \$50.00* credit to your child’s tuition.**

The referred family will need to be in attendance for 2 full months of school and on the 3rd month the \$50.00 credit each will be credited to both of your accounts. (*Restrictions apply)

Please fill out this form and submit it to the office.

NEW Family Referred: _____

Referring Family - Child’s Name: _____

Referring Family Parent Name: _____

Parent Contact Number: _____

Office Use:

Start date: 1st mos. 2nd mos.



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