

Aberdeen Ave. Campus 418 Aberdeen Ave., Wpg., MB, R2W 1V7 Ph. #: 204-586-6792 | Fax #: 204-582-0155

Hargrave St. Campus 400 Hargrave St., Wpg., MB, R3B 3A8 Ph. #: 204-944-9674 | Fax #: 204-582-0155

Bring-A-Friend Referral Program

Word-of-Mouth is one of the most important ways that people hear about St. Aidan's Christian School.

To support you as you recommend our school to others, we are happy to announce a new Bring-A-Friend Discount!

If you recommend our school to a family and their child (ren) attend our school, you will receive one month free tuition in the 2021-22 school year.

How does it work?

- 1. Register your family for the 2021-22 school year and pay your registration fee.
- 2. Invite a family who has never attended St. Aidan's Christian School before to register their children.
- 3. Fill out the Bring-A-Friend Referral form and submit it to the office.
- 4. The new family must put your name in the "By Recommendation" space on their registration form. Retroactive referrals will not be accepted.
- 5. If the children are accepted and attend beyond September 2021, you will receive one month tuition for free
- 6. St. Aidan's Christian School reserves the right to change or discontinue the Bring-A-Friend discount at any time.



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Bring-A-Friend Referral Form

This document must be completed by the referring family and submitted to the office prior to the referred family's application form being submitted.

Parent Last Name

Referring Family (Your Information):

Parent First Name

Phone	Cell Phone	Email Address	
Student Names			
How do you know	/ this family?		-
			_
What have you to	old them about our school) \$	_
			_
Have vou aiven th	nem an application form	? Yes / No	
Are they expectin	ng a follow-up call from th	ne school? Yes / No	
By signing this docun	nent I am indicatina that I hav	ve read and understand the Bring-A-Frienc	ł
	delines and will abide by ther		•
0 0	,		
Referring Person's Signature Do	ite		_
Referred Family:			
Referred running.			
Parent First Name	Parent Last Name		_
arom marria	Talom East Name		
Phone	Cell Phone	Email Address	_
Student Name	Date of Birth	Grade	_
Student Name	Date of Birth	Grade	_
			_
Student Name	Date of Birth	Grade	