



## New Student Referral Program 2020 - 2021

This form is to be completed and returned by the Referring family at enrollment time

I/We \_\_\_\_\_ have been referred by  
(Name of New Family)

\_\_\_\_\_ to Nahda Academy.  
(Name of Referring Family)

New Parent Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

New Pupil Name: \_\_\_\_\_ Class: \_\_\_\_\_

New Pupil Name: \_\_\_\_\_ Class: \_\_\_\_\_

New Pupil Name: \_\_\_\_\_ Class: \_\_\_\_\_

New Pupil Name: \_\_\_\_\_ Class: \_\_\_\_\_

New Pupil Name: \_\_\_\_\_ Class: \_\_\_\_\_

Signature (Referring Family): \_\_\_\_\_ Date: \_\_\_\_\_