

Whitinsville Christian School Referral Form

Please fill out and return to:
Whitinsville Christian School
279 Linwood Avenue
Whitinsville, MA 01588
(508) 234-8211

Your Name: _____

Family Referred: _____

Total Number of Children: _____

Number of Students Entering WCS: _____

Briefly describe your role in bringing the referred family to WCS.

Staff Use Only:

Date of Enrollment: _____

Number of Students Enrolled: _____

Total Referral Bonus Earned: _____