

Date: \_\_\_\_\_

**Fremont Christian School**  
**Application for Virtual Family Discount (VFD)**  
**School Year** \_\_\_\_\_

*VFD Application must be filed within 30 days of new family student's start date.*

**Name of Re-Registered Tuition Paying Parent** \_\_\_\_\_  
Email Address for Contact about VFD \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Name of Child \_\_\_\_\_ Grade for Fall \_\_\_\_\_  
Name of Child \_\_\_\_\_ Grade for Fall \_\_\_\_\_  
Signature: \_\_\_\_\_

This section to be completed by CURRENT FCS family member.

**First New Family Name** \_\_\_\_\_  
Email Address for Contact about VFD \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Name of First Child \_\_\_\_\_ Grade for Fall \_\_\_\_\_  
Name of Second Child \_\_\_\_\_ Grade for Fall \_\_\_\_\_  
When was the new family's student application submitted to FCS? \_\_\_\_\_  
Signature: \_\_\_\_\_

This section to be completed by NEW FCS family member.

**Second New Family Name** \_\_\_\_\_  
Email Address for Contact about VFD \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Name of Child \_\_\_\_\_ Grade for Fall \_\_\_\_\_  
When was the new family's student application submitted to FCS? \_\_\_\_\_  
Signature: \_\_\_\_\_

This section to be completed by NEW FCS family member.

Please contact Sue Jones at [sjones@fremontchristian.com](mailto:sjones@fremontchristian.com) or 510.744.2249 if you have questions. Please return this form to the FCS Business Office at 4760 Thornton Avenue Fremont, CA 94536.

Date Received: \_\_\_\_\_ Approval Communicated Date: \_\_\_\_\_