



Application for Virtual Family Discount (VFD)

Date _____

School Year _____

VFD Application must be filed with the Business Office within 30 days of new family student's start date.

Name of Reenrolled 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 Child _____ Grade for Fall _____

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.

Second New Family Name _____

Email Address for Contact about VFD _____

Mailing Address _____

Name of Child _____ Grade for Fall _____

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 complete and return this form to the Business Office via email to ar@fremontchristian.com or send to: Fremont Christian School, Attn: Business Office, 4760 Thornton Avenue, Fremont, CA 94536

If you have any questions, please call the Business Office at 510-744-2253.

Date Received: _____

Approval Communicated Date: _____