

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 the Business Office at AR@fremontchristian.com or 510.744.2253 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: _____