

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 Sarah Martin at [smartin@fremontchristian.com](mailto:smartin@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: \_\_\_\_\_