HEARTBEAT STUDIOS' STUDENT REFERRAL PROGRAM

September 2006 to June 2007

Name of Referred Student:_____

Address of Referred Student:_____

Phone of Referred Student:_____Date Enrolled:_____

Classes Referred Student Enrolled in for 2006/2007 School-year session:_____

_____

Have you ever been a student at Heartbeat before and if so, when?_____

Name of Current Student:_____

Address of Current Student:_____

Phone of Current Student:_____Date Enrolled:_____

Classes Current Student Enrolled in:_____

_____

If more than one family member at Heartbeat, indicate name of student to receive Referral

Program tuition credit:_____

I have read, understand and agree to all of the rules and conditions of Heartbeat Studios' Student Referral Program.

_____ Date:_____

Current Student Signature (or parent/guardian if student under age of 18)

Office Use Only:

Approved By:_____Date:_____

Comments:_____

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