



Holy Ground Baptist Academy  
1355 N. Highway 27  
Roopville, GA 30170

Tel: 770-854-4659  
Fax: 770-854-4652  
Web: <http://www.hgstallions.org/>

---

January 21, 2010

### **New Student Referral**

Dear Parents,

I would like to take this opportunity to personally thank you for allowing your child to be a part of Holy Ground Baptist Academy and Preschool. We are thankful and blessed to have this great responsibility to teach and train your children.

As part of our appreciation, we would like to tell you about a referral program that we are implementing for Holy Ground Baptist Academy and Preschool.

If you refer to us an Academy or Preschool child, over one year old and walking up through 11th grade, and that child enrolls at Holy Ground Baptist Academy or Preschool during the 2009-2010 school year, we will give you a 10% discount until the end of the school year May 21, 2010 as long as the new child continues to be enrolled at Holy Ground Baptist Academy or Preschool.

If you refer more than one child to us for enrollment, you will get an additional 10% discount for each of those children.

We currently have openings in all of the Academy Classes as well as the Preschool one year old walking/two year old class, three year old class, and four year old classes.

This referral program is effective immediately, so if you know someone interested, have them fill out the attached referral form and give it to me when they come to enroll their child and we will start giving you the discounts the following month. If you have any questions, please call me at 770-712-5256.

In His Service,

Bro. Greg Yancey  
Principal



Holy Ground Baptist Academy  
1355 N. Highway 27  
Roopville, GA 30170

Tel: 770-854-4659  
Fax: 770-854-4652  
Web: <http://www.hgstallions.org/>

## NEW STUDENT REFERRAL SLIP

Name of Person Referring you: \_\_\_\_\_

Your Child's Name: \_\_\_\_\_

Your Child's Date of Birth: \_\_\_\_\_

Office use only:

Date of Enrollment: \_\_\_\_\_ Academy Grade: \_\_\_\_\_ Preschool: K2\_\_ K3\_\_ K4\_\_

## NEW STUDENT REFERRAL SLIP

Name of Person Referring you: \_\_\_\_\_

Your Child's Name: \_\_\_\_\_

Your Child's Date of Birth: \_\_\_\_\_

Office use only:

Date of Enrollment: \_\_\_\_\_ Academy Grade: \_\_\_\_\_ Preschool: K2\_\_ K3\_\_ K4\_\_

## NEW STUDENT REFERRAL SLIP

Name of Person Referring you: \_\_\_\_\_

Your Child's Name: \_\_\_\_\_

Your Child's Date of Birth: \_\_\_\_\_

Office use only:

Date of Enrollment: \_\_\_\_\_ Academy Grade: \_\_\_\_\_ Preschool: K2\_\_ K3\_\_ K4\_\_