



Referral Form

Please mail the completed form to:
5708 Old Canton Rd, Jackson, MS 39211

Prospective Student's Name

First Name

Middle Initial

Last Name

Age

Parent's Name

First Name

Middle Initial

Last Name

Home Address

Address

City

State

Zip Code

Telephone Number

Work

Cell

Email Address

Email

Referred by (Student/Parents Name):

The person who referred you will get a \$100 account credit once enrolled.