



AMBASSADORS REFERRAL REWARD PROGRAM DESERT HEIGHTS CHARTER SCHOOLS INFORMATION FORM

(Please print information using black or blue ink)

"TO BE RATHER THAN TO SEEM TO BE"

Date _____

Your name: _____
First Name(s) Last Name(s)

Your address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

is/are pleased to refer the following family for possible enrollment of children in the Desert Heights Charter School(s):

Name _____
First Name(s) Last Name(s)

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

Each child's name: _____

Area below for Desert Heights Staff use only:

Check only if students were enrolled (put name on line):

Desert Heights Charter School enrolled _____

Desert Heights Preparatory Academy enrolled _____

Desert Heights Preschool(s) enrolled _____

Received by DHCS Staff Member _____ Date _____
Full Name

Submitted to The Daisy Companies for processing: _____
Date

