

Referral Program

OAK International

We sincerely appreciate your trust and support in recommending other families to learn more about our educational model. We kindly ask you to complete the following information with the details of the referred families so that our team can contact them and accompany them through their admission process.

Referring Family Information

- Parent/guardian's full name: _____
 - Student's name: _____
 - Summer Camp: _____
 - Age and/or grade level: _____
-

Referred Families**Referred Family - 1**

- Parent/guardian's full name: _____
- Name of prospective student: _____
- Summer Camp: _____
- Age and/or grade level: _____
- Contact phone number: _____
- Email address: _____

Referred Family - 2

- Parent/guardian's full name: _____
- Name of prospective student: _____
- Summer Camp: _____
- Age and/or grade level: _____
- Contact phone number: _____
- Email address: _____

Referred Family - 3

- Parent/guardian's full name: _____
- Name of prospective student: _____
- Summer Camp: _____
- Age and/or grade level: _____
- Contact phone number: _____
- Email address: _____

Referred Family - 4

- Parent/guardian's full name: _____
- Name of prospective student: _____
- Summer Camp: _____
- Age and/or grade level: _____
- Contact phone number: _____
- Email address: _____

Percentages assigned per referral:

- *First referral: 10%*
- *Second referral: 5%*
- *Third referral: 5%*
- *Fourth referral: 5%*

**The maximum accumulated percentage is 25%. If a family refers more than 4 prospects, the maximum amount will remain 25%.*

**The scholarship percentage applies exclusively to enrollments for Ireland Summer Camps.*

**To be valid, the referred family or families must be enrolled in a summer program (either in Ireland or Switzerland).*

Consent

By providing this information, the referring family confirms that they have the consent of the referred families for the OAK International team to contact them and provide information regarding the admission process.

Signature of Referring Family

Name: _____

Date: _____

Signature: _____