LAST NAME: FIRST NAME:						* * * * * * * * * * * * * * * * * * *
Grade Level: Birthdate:						STE
ADDRESS: TOWN/CITY: PROVINCE: POSTAL CODE:						ACADE
HOME PHONE: ALTERNATE PHON PARENT/GUARDIA	-					
CONTRACT Please review the obligations and initial each one		l agree to pay below.			ancial o	bligation as l
			from scho	at in the evool, I am not ement for d	t entitle	
		,	withdraw conduct/l	field trips for the field	from any ademic	ves the right y child whose responsibility any teacher.
	I agree that the school reserves the right to withdraw services should payment obligation not be met.					
PAYMENT		Full pa	ayment o	f \$200 is du	e by Sep	tember 30, 20
Please review the financial commitment		as our stude		utilizes wa	iting list	s for subsequ
CLOTHING SIZES Please provide sizes for Academy Clothing orders	<u>Tops:</u>		H: Small T: Small	Medium Medium	Large Large	X-Large X-Large
	Bottoms:		H: Small T: Small	Medium Medium	Large Large	X-Large X-Large
ACKNOWLEDGEM	ENT					
I acknowledge that I ho Date:	ave read, und	derstan	d and agree	to the oligati	ons listed	above.
Parent/Guardian N	lame (Prin	ted):				
Parent/Guardian Si	ignature:					