



# LEGACY CHRISTIAN ACADEMY

◆ P.O. Box 1326 ◆ 5933 Valley Pike ◆ Stephens City ◆ Virginia ◆ 22655-9998 ◆  
◆ Admissions Office 540.877.7336 ◆ Fax 540.508.2985 ◆  
◆ [www.LegacyChristian-Academy.com](http://www.LegacyChristian-Academy.com) ◆

## **International Students 2018-2019 School Year**

*Thank you for your interest in Legacy Christian Academy.*

*LCA was established by community members focusing on the vision of a Christian school that would be different from any other school in the area. Not only would this school provide high quality and Christ-centered education, but it would strive to unite and mobilize the body of Christ to better serve our community.*

*International Exchange Students are required to submit an Application with a minimum of three (3) teacher recommendations. One letter must be from the student's English teacher. Please include copies of your most recent report card and standardized test scores.*

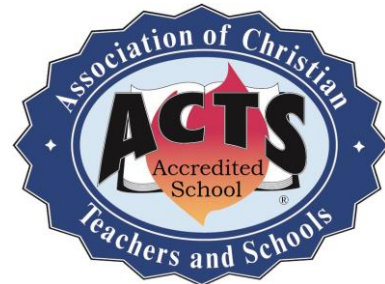
*International Exchange Students are responsible for their own Health Care Insurance. If enrolling student has a medical need (i.e. allergies, asthma, Epi-pen, inhaler, etc.) please download the appropriate medical forms from LCA's website and add them to your enrollment packet. ADMISSIONS / FULL TIME STUDENTS / MEDICAL FORMS*

*I look forward to helping you get better acquainted with LCA.*

*God Bless,*

### **Marianne Poole**

*Legacy Christian Academy  
Director of Admissions & Marketing  
[Admissions@LegacyChristian-Academy.com](mailto:Admissions@LegacyChristian-Academy.com)  
540.877.7336*



*LCA does not discriminate on the basis of race, color, age, national origin or disability, in any of its activities and operations. These activities include, but are not limited to: hiring and firing of staff, selection of volunteers, selections of students and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, volunteers and clients.*

## International Exchange Student Application

### **LCA Expectations:**

In desire to see Christian values instilled in our students, **LCA** expects the following from its students and parents/guardians alike.

### **Student Expectations:**

1. I commit to strive for excellence in all that I do body, mind, and soul.
2. I commit to cooperate obediently and respectfully with all those in authority over me.
3. I commit to submit obediently and respectfully to administrative policies of LCA, including conduct and dress code.
4. I commit to strive for virtuous living in all I do, in thought, word, and deed, both on and off campus.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Parent/Guardian Expectations:**

1. I/we commit to support LCA with decisions regarding my student.
2. I/we commit to comply with all administrative policies of the school including academic standards, discipline, dress code and conflict resolution.
3. I/we commit to respect the professional judgment of LCA regarding my child's grades/placement level.
4. I/we commit to regular and open communication with my student's Host Family and LCA.
5. I/we commit to bear financial responsibility for tuition & fees.
6. I/we commit to bear financial responsibility for any damages of LCA property or the property of the host family caused by my student.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Host Family/Guardian Expectations:**

1. I/we commit to support LCA with my/our time and talents.
2. I/we commit to comply with all administrative policies of the school including academic standards, discipline, dress code and conflict resolution.
3. I/we commit to respect the professional judgment of LCA regarding my child's grades/placement level.
4. I/we commit to remain in regular and open communication with my student's teacher(s) and LCA.
5. I/we commit to bear financial responsibility for any and all damages of LCA property caused by my student.

**Host Family/Guardian's Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**Host Family/Guardian's Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Information:**

1. How did you hear about Legacy Christian Academy / LCA?

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2. Why do you desire attending LCA?

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3. What are your expectations of LCA?

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4. Where does this applicant currently attend school?

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5. List any additional programs/schools/activities that this applicant participates.

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6. Has this applicant ever been withdrawn, suspended, expelled or dismissed from another school for any reason? (If yes, please explain.)

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7. Does this applicant have a disciplinary record? (If yes, please explain.)

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8. Has this applicant ever been in trouble outside of school? (If yes, please explain.)

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9. Has this applicant ever been in accelerated/honor classes or skipped/repeated a grade? (If yes, please explain.)

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10. Does this applicant have any physical or emotional conditions which might require special consideration? (If yes, please list any conditions and include documentation.)

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11. Has this applicant ever been psychologically tested, seeing a psychologist in the past or present, or has an IEP? (If yes, please explain.)

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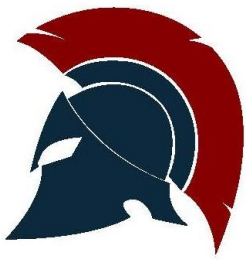
12. Does this applicant use or ever tried any type of non-prescription drugs, alcohol or tobacco, even experimentally? (If yes, please explain.)

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13. Please provide three written teacher recommendations. One recommendation must be from your English teacher. Student must be proficient in English.

14. Please provide copies of your most recent report card and standardized test scores.



**Family Information:**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ \*Applying for Grade: \_\_\_\_\_ Gender: Male  Female

Cell Phone: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_

**Host Family/Guardian Information:**

Father  Stepfather  Guardian

Mother  Stepmother  Guardian

Title: Dr. Rev. Mr.

Title: Dr. Mrs. Ms.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Phone Provider:** \_\_\_\_\_

**Cell Phone Provider:** \_\_\_\_\_

**Please send me TEXT Messages:**  Yes  No

**Please send me TEXT Messages:**  Yes  No

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Married  Separated  Single  Divorced  Widowed

Married  Separated  Single  Divorced  Widowed

**PLEASE NOTE: #1 Emergency Contact will be the first call made by LCA for illness or emergency.**

**#1 Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Student(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**#2 Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Student(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Names of **persons authorized** to pick up your student(s):

\_\_\_\_\_  
\_\_\_\_\_

Names of **persons NOT authorized** to pick up your student(s):

\_\_\_\_\_  
\_\_\_\_\_

**Church Affiliation:**

Let us know your home church so that we can keep them informed and invite them to LCA activities and events.

**Church Name:** \_\_\_\_\_

**Pastor / Rev. / Minister's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Our family does **not** have a home church.*

*(Please note that you **do not** have to have a home church to attend LCA.)*

## LCA – International Exchange Student 2018-2019 Fees & Tuition Worksheet

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee:	\$100
Registration Fee:	\$100
Activity Fee:	\$250
Uniforms:	\$450

Fees: \$ 900

Tuition:	\$6,500
Curriculum Fee:	\$ 300

Tuition: \$ 6,800

Host Family Compensation:	\$12,000
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Compensation: \$ 12,000

Lunch Account:	\$1,000
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Lunch Account: \$ 1,000

Management Fee:	\$4,500
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Management Fee: \$ 4,500

Emergency Fund:	\$2,000
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Emergency Fund: \$ 2,000

<b>DEPOSIT: \$2,500</b> (Non-Refundable)*
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Deposit: (\$ 2,500) (Non-Refundable)

**Total Due: \$ 24,700**

<i>Admissions Office Use</i>	\$ Amount	Date	Received By	Method of Payment
Application Fee	\$100			
Registration Fee	\$100			
Activity Fee	\$250			
Uniforms	\$450			
Tuition	\$6,500			
Text Books	\$300			
Host Family Compensation	\$12,000			
Lunch Account	\$1,000			
Management Fee	\$4,500			
Emergency Fund	\$2,000			
<b>DEPOSIT*</b>	<b>\$2,500</b>			

# Legacy Christian Academy – International Exchange Student Enrollment Contract 2018-2019

Host Family Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Tuition is to be PAID IN FULL** upon arrival into the United States or wired to LCA's bank account.

1. I/we understand that **LCA** is a private institution; **LCA** reserves the right to set and maintain its own standards for student conduct, dress code and tuition assistance. These standards include conduct while on school and off school premises. Students may be disciplined, including but not limited to suspension and expulsion, for a violation of student standards, rules and regulations as set forth in the **Student-Parent Manual**.
2. I/we consent on behalf of our student(s) for the use of photographs, audio, video, electronic, digital images or likeness of student(s) at **LCA** for exhibition, public display, publication, publicity materials, advertising, news media stories, including but not limited to yearbooks, newspapers, promotional brochures, literature, the internet, school website, and television, CD-Rom or DVD.
3. Computers, communication service and equipment provided by **LCA** are the sole property of **LCA**. Accordingly, **LCA** may access and monitor student communications and files transmitted by or stored upon **LCA's** equipment or network. Student should not consider any activity to be private. **LCA** reserves the right to monitor the use and take any action based upon a violation of Computer & Internet Acceptable Use Policy as set for in the **Student-Parent Manual**.
4. I/we agree to provide health and accident insurance for the student(s) and I/we agree to indemnify **LCA** and its personnel against liability for student accident or health to the extent not covered by school insurance.
5. All students and parents/guardians must conform to all requirements and standards as set forth in the **Student-Parent Manual**. I/we understand that the student's and/or parent's/guardian's disregard of the rules and regulations may be deemed sufficient cause for dismissal. The Board of Directors reserves the right to dismiss, to require a mandatory leave-of-absence, and/or to rescind the admissions invitation or **Enrollment Contract** of any student and or parent/guardian who fails to fulfill these obligations or whose presence at **LCA** is, in the School Board's judgment, contrary to the best interests of the school.

**Person(s) Responsible for Tuition and all Incidental Expenses incurred at LCA:**

\_\_\_\_\_  
*Print Name of Person Responsible for Payment* *Relationship to Student*

\_\_\_\_\_  
*Signature of Person Responsible for Payment* *Date*

\_\_\_\_\_  
*Print Name of Host Family/Guardian*

\_\_\_\_\_  
*Signature of Host Family/Guardian* *Date*

\_\_\_\_\_  
*Director of Admissions Signature* *Marianne L. Poole* *Date*

**Legacy Christian Academy  
Emergency Medical Release  
2018-2019**

**Student Information:**  
Student's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Male  Female   
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**Parent/Guardian Information:**  
Father  Stepfather  Guardian  Mother  Stepmother  Guardian   
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical conditions and/or allergies (including reactions to medications): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

\* Any life-threatening medications should be kept at the school office. We recommend a 72 hour supply.

Any other medical or physical conditions LCA Staff should know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_

Indicate if LCA Staff may administer these over the counter medicines:  Tylenol  Ibuprofen  None

**X** \_\_\_\_\_  
Parent's/Guardian's Signature

**X** \_\_\_\_\_  
Parent's/Guardian's Signature



**Legacy Christian Academy  
Emergency Medical Release Form  
2018 – 2019 School Year**

This form will be on file in the school office for the current school year.

I/we agree that in the case of an accident, illness, or other life-threatening emergency to the student listed below, I/we give permission for Legacy Christian Academy's Staff to contact Emergency Medical Services (911) immediately.

I/we authorize and consent to any examination, x-rays, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary in the best judgment of a licensed physician or dentist.

I/we agree to assume all financial responsibility for expenses incurred as a result of any of these services being provided, including emergency medical transportation.

**Student's Full Name:** \_\_\_\_\_  
(Please Print)

**Date of Birth:** \_\_\_\_\_  
(MM/DD/YYYY)

**Father's/Guardian's Full Name:** \_\_\_\_\_  
(Please Print)

**Father's/Guardian's Signature:** **X** \_\_\_\_\_

**Date:** \_\_\_\_\_

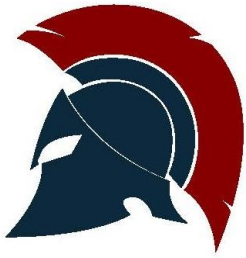
**Mother's/Guardian's Full Name:** \_\_\_\_\_  
(Please Print)

**Mother's/Guardian's Signature:** **X** \_\_\_\_\_

**Date:** \_\_\_\_\_

\* Both parents/guardians are to sign this form unless parent/guardian has sole custody of student.

**Please notify the school office of any changes during the school year.**



**LEGACY**  
CHRISTIAN ACADEMY

**Student Permission Slip  
Field Trip / Transportation  
2018-2019**

I give permission for the following student(s) to participate in school sponsored field trips and activities that occur during the school day. I understand that I will be notified by the school or teacher to the date on which any field trips or activity will be taken. This includes, but is not limited to monthly Chapel services.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's / Guardian's Full Name: \_\_\_\_\_  
*(Please Print)*

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Parent's / Guardian's Full Name: \_\_\_\_\_  
*(Please Print)*

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**LCA NETWORK & INTERNET**  
**PERMISSION SLIP Grades 7th – 12th**  
**2018-2019**

**LCA encourages the safe and sensible use of the internet.**

- Students in 6<sup>th</sup> through 12<sup>th</sup> Grades along with their parents/guardians must read, discuss, sign, and return this Network and Internet Permission Slip to the Admissions Office.
- There is no expectation or right to privacy or right to freedom of speech when using the school's computer resources, which are the school's property. Any use of the school's computers and internet access must be in support of education and research and be consistent with the educational objectives of LCA.
- Using school facilities for internet access is a privilege, not a right. Inappropriate use which includes, but not limited to unauthorized transmittal or improper use of copyrighted materials or materials protected as trade secrets; transmission of threatening or obscene materials; vandalism of computer files; and violation of computer security as determined by the school administration can result in the cancellation, denial, suspension and/or revocation of those privileges and also subject the user to other disciplinary actions.
- Electronic and/or digital communications with students should be conducted for educationally appropriate purposes and employ only school sanctioned means of communication.
- Users must adhere to school policy that may further define uses of mobile devices. Access will be determined by the administration of the school. If a particular mobile device is to be used for educational purposes, the school administration and/or teacher will provide parameters for this use.

**Additional responsibilities for use of school facilities for internet are:**

1. When using networks or computing resources of other organizations, students must observe the rules of that organization regarding such use.
2. Users should not reveal their personal addresses or phone number(s), and shall not reveal personal information of others without authorization.
3. Users are reminded that email is not be accessed at school by students without permission from a school administrator and/or teacher..
4. Students shall immediately notify the system administrator/school administration if they suspect that a security problem with the system and/or internet exist.
5. Any attempt to log onto the internet or the school's network/system as a systems administrator will result in a loss of user privileges at the school. Any user identified as a security risk by school administration or system administrator due to a history of actual or suspected unauthorized access to other computer(s), network(s), or system(s) may be denied access to school computers, networks and/or systems.
6. LCA makes no warranty of any kind, whether expressed or implied, for internet service. This includes the loss of data resulting from delays or service interruptions caused by its own negligence or user errors or omissions. Use of any information obtained via the internet is at the user's risk. The school specifically denies any responsibility for the accuracy or quality of information obtained through its services.

7. Examples of Unacceptable Uses – Users are not permitted to:
  - a. Use of technology in cyber bullying: to harass, threaten, deceive, intimidate, offend, embarrass, or annoy any individual.
  - b. Post, publish, or display any defamatory, inaccurate, violent, abusive, profane, or sexually oriented material. Users must not knowingly or recklessly post false information about persons, students, staff, or any other organization.
  - c. Create any site or post any photograph, image, video, or likeness of any student or employee without the expressed permission of the individual, individual's parent/guardian, and the school administrator.
  - d. Attempt to circumvent system security.
  - e. Violate license agreements, copy disks, CD-ROMs or other protected media.
8. Users must immediately report damage or change to the school's hardware and/or software.
9. The school has the right to monitor student use of school computer, computer accessed content, and social media. Social media refers to activities that integrate technology, telecommunications, and social interaction through the use of words, images, video, or audio tools. Examples include, but are not limited to, social websites, blogs, message boards, wikis, podcasts, image – video-sharing sites, live webcasting, and real-time communities. Because this is a constantly evolving area, this policy applies to all new social media platforms whether or not they are specifically mentioned in this policy.
10. Violation of the above policy will be dealt with by school administration. Violation of this policy may result in any or all of the following:
  - a. Loss of use of the school network, computers, and software including internet access.
  - b. Disciplinary action including, but not limited to, dismissal and/or legal action by the school, civil authorities, or other involved parties.

The school retains the right to discipline students for their actions, regardless of when or where they occur, when those actions negatively impact the school's image, reputation, and/or the safety and well-being of the school community. This covers inappropriate behavior in cyberspace.

We have read, discussed, understand, and agree what is acceptable use of this network and internet.

• **Student's Full Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
 (Please Print)

**Student's Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

• **Father's/Guardian's Full Name:** \_\_\_\_\_  
 (Please Print)

**Father's/Guardian's Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

• **Mother's/Guardian's Full Name:** \_\_\_\_\_  
 (Please Print)

**Mother's/Guardian's Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**LCA - Athletic Health Form  
2018-2019**

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\*(If a parent/guardian CANNOT be reached.)

Allergies:  No  Yes, please specify: \_\_\_\_\_

Diabetic:  No  Yes, please specify: \_\_\_\_\_

Asthma:  No  Yes, please specify: \_\_\_\_\_

Convulsive Disorder:  No  Yes, please specify: \_\_\_\_\_

Tetanus Shot:  No  Yes, date received: \_\_\_\_\_

Other medical conditions that LCA should be made aware: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Prescribed Medications:  No  Yes, please specify: \_\_\_\_\_

Exercise Restrictions:  No  Yes, please specify: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I/we agree to hold **Legacy Christian Academy** and its agents harmless of any liability resulting from injuries sustained during any sports activity, school function, or loss of property. I/we give consent for my student to receive medical treatment when deemed necessary by the Athletic Director or **LCA** Personnel.

I/we agree to support **Legacy Christian Academy's Athletic & Boosters Program**. I/we will volunteer to work at the admissions gate and concession stand throughout the season(s) my student(s) participates. If I/we are unable to work the date assigned, it is our responsibility to trade with another parent/guardian. I/we know that this is vital to our program helping to cover the costs of equipment, uniforms, officials, etc.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

# Legacy Christian Academy – Tentative Sports Schedule 2017-2018

(Please ✓ Appropriate Boxes – One Form per Athlete)

Name of Athlete: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

- Fall Sports:**
- |  |  |
|--|--|
| <input type="checkbox"/> Girls Varsity Volleyball<br><input type="checkbox"/> Girls Middle School Volleyball<br><input type="checkbox"/> Co-Ed Cross Country | <input type="checkbox"/> Boys Varsity Soccer<br><input type="checkbox"/> Boys Middle School Soccer |
|--|--|

- .....
- Winter Sports:**
- |   |   |
|---|---|
| <input type="checkbox"/> Girls Varsity Basketball<br><input type="checkbox"/> Girls Middle School Basketball<br><br><input type="checkbox"/> Girls Elementary Cheerleading<br><input type="checkbox"/> Girls Varsity Cheerleading | <input type="checkbox"/> Boys Varsity Basketball<br><input type="checkbox"/> Boys JV Basketball<br><input type="checkbox"/> Boys Middle School Basketball |
|---|---|

- .....
- Spring Sports:**
- |   |   |
|---|---|
| <input type="checkbox"/> Girls Varsity Soccer<br><input type="checkbox"/> Girls Middle School Soccer<br><input type="checkbox"/> Co-Ed Golf | <input type="checkbox"/> Boys Varsity Baseball<br><input type="checkbox"/> Boys Middle School Flag Football |
|---|---|

<i>Athletic Office Use Only:</i>	<i>Amount</i>	<i>Date</i>	<i>Received By</i>	<i>Method of Payment</i>
Girls Varsity Volleyball				
Girls Middle School Volleyball				
Boys Varsity Soccer				
Cross Country				
Girls Varsity Basketball				
Girls Middle School Basketball				
Boys Varsity Basketball				
Boys JV Basketball				
Boys Middle School Basketball				
Girls Elementary Cheering				
Girls Varsity Soccer				
Girls Middle School Soccer				
Boys Varsity Baseball				
Boys Middle School Flag Football				
Golf				

*All Sports are subject to change based on student participation.*