



“Growing Excellence”

Dear Parents,

Welcome to Kootenay Christian Academy. We are excited to see what God has in store for us this year!

Thank you for applying at KCA! What a wonderful gift you are giving your children as they attend Kootenay Christian Academy. A Christian school education gives young people a spiritual grounding that comes second only to the home environment. We are delighted that you have seen the value of a quality, faith-based education for your children.

In keeping with our mission statement, we strive to assist families by providing students with a Christ-centered, biblically directed education, which inspires students to pursue excellence in academics, moral character, and service to others. We endeavour to incorporate this into both academics and daily classroom life.

Please take time to carefully read through and complete this registration package. Please ensure to enclose all the required documentation needed.

We continue to praise God for what He is doing here at Kootenay Christian Academy, and seek to honour Him in all that we do. Should you have any questions or concerns with the registration process please feel free to call the office or email [secretary@kcacademy.ca](mailto:secretary@kcacademy.ca).

I look forward to meeting with you and your family. Have a great year, and thank you for desiring to partner with us as we Build Excellence within our students.

Yours in Christ,

Wendy Zurrin

*Principal of Kootenay Christian Academy*





# Student Profile: Grades 1-10

“Growing Excellence”

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

Child’s Legal name: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Child’s Preferred name: \_\_\_\_\_

Grade Application: \_\_\_\_\_ Year of Requested Enrolment: \_\_\_\_\_ (M/Y)

Birth date: \_\_\_\_\_ (M/D/Y) **\*Please attach a copy of Birth Certificate\***

Aboriginal Ancestry? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

List the last two schools attended, starting with the most recent.

| School Attended: | Grade:  | Location: | Dates From and To: |
|------------------|---------|-----------|--------------------|
| 1) _____         | / _____ | / _____   | / _____            |
| 2) _____         | / _____ | / _____   | / _____            |

Is there anything you wish to convey to the school about your child’s character or background? \_\_\_\_\_

\_\_\_\_\_

Does your child have, or has your child experienced any social issues at school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been involved in disciplinary action by a school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

### **Parent/Legal Guardians Information:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address with postal code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

**Citizenship:** \_\_\_\_\_ **\* If not Canadian, please provide supporting documentation\***

Lives with student: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address with postal code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

**Citizenship:** \_\_\_\_\_ \* If not Canadian, please provide supporting documentation\*

Lives with student: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_

Are there any court orders regarding custody of your child? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain and provide a copy of relevant documentation: \_\_\_\_\_

**Sibling Information:**

|                       |      |                 |
|-----------------------|------|-----------------|
| Child's name:         | Age: | Current School: |
| _____ / _____ / _____ |      |                 |
| _____ / _____ / _____ |      |                 |
| _____ / _____ / _____ |      |                 |

**Medical Information:**

Care Card Number: \_\_\_\_\_

Please describe your child's physical condition: \_\_\_\_\_

Can your child participate in a full Physical Education Program? Yes \_\_\_ No \_\_\_ (*Physician's note required to miss PE*)

Does your child have any of the following medical conditions:

|                |                        |                       |
|----------------|------------------------|-----------------------|
| Diabetes _____ | Hearing Problems _____ | Heart Condition _____ |
| Asthma _____   | Vision Problems _____  | Contact Lenses _____  |
| Epilepsy _____ | Allergies _____        | Other: _____          |

Are any of the above conditions life threatening? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child require medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child require assistance in taking medications? Yes \_\_\_ No \_\_\_ (*If yes, authorization forms available in office*)

Additional comments: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**English Language Learning:**

Is English your child's first language? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, which language is? \_\_\_\_\_

Is your child's current/prior schooling in any language other than English? Yes, please specify \_\_\_\_\_ No \_\_\_\_\_

Is there a possibility that your child will require English Language Learning instruction? Yes \_\_\_\_\_ No \_\_\_\_\_

**Student Support Services:**

Has your child repeated any grades? Yes \_\_\_\_ No \_\_\_\_ If yes, which grade: \_\_\_\_ Year: \_\_\_\_

Has your child had, or is your child currently being tutored outside of school? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details: \_\_\_\_\_

Has your child received, or is your child receiving, Speech Language Therapy? Yes \_\_\_\_ No \_\_\_\_

Has your child been diagnosed with ADHD, ASD or Anxiety? Yes \_\_\_\_ No \_\_\_\_

Has your child been diagnosed with anything other than listed above? Yes \_\_\_\_ No \_\_\_\_

Has there ever been, or is there currently, a behavior and/or safety plan in place for your child? Yes \_\_\_\_ No \_\_\_\_

Has your child received, or is your child receiving, any of the following support services: *If yes, please fill in the Student Support Services Information Package included with this form.*

Learning Assistance \_\_\_\_ Special Education \_\_\_\_ Enrichment / Gifted \_\_\_\_ English Language Learning \_\_\_\_

**Does your child have an IEP (Individual Education Plan), SLP (Student Learning Plan), or LSP (Learning Support Plan)?**

**Yes \_\_\_\_ No \_\_\_\_** *\*Important: Please include copy of most recent IEP, SLP, or LSP*

If **yes** to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

Persons to contact in case of emergency, **other** than parent/guardian:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Out of area contact**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Your Child's Profile:**

1. Please provide a brief overview of your child's spiritual history. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are your child's strengths/gifts? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are your child's needs/stretches? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How do you hope that KCA will partner with you to support your child's education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information (if any)

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

How did you hear about Kootenay Christian Academy? \_\_\_\_\_  
\_\_\_\_\_

**Checklist:**

I have enclosed the following:

1. Copy of Birth Certificate Yes \_\_\_\_\_
2. Copy of BC Care Card Yes \_\_\_\_\_
3. Copy of Parents Citizenship (if applicable) Yes \_\_\_\_\_
4. Copy of most recent Report Card Yes \_\_\_\_\_
5. Copy of Legal Documents (custody)(if applicable) Yes \_\_\_\_\_
6. Copy of physicians/therapists reports (if applicable) Yes \_\_\_\_\_
7. Student Profile Yes \_\_\_\_\_
8. Student Support Services Information Form (if applicable) Yes \_\_\_\_\_
9. Student Support Services additional documents required (if applicable) Yes \_\_\_\_\_
10. Completed and signed Forms Package. This includes the Parent's Code, Cranbrook Christian School Society Membership Application, Informed Consent Forms and Tuition Payment Plan forms. Yes \_\_\_\_\_
11. \$100.00 Registration Fee, payable by cheque, debit, Visa or Mastercard (non-refundable) Yes \_\_\_\_\_

**Signatures**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Student Support Services Information Form

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

Current School Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Requested Grade Placement: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Current School: \_\_\_\_\_

School Contact Person/Case Manager: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please indicate Student Support Services currently in place for your child

- Special Education (please complete section 1)
- Learning Assistance (please complete section 2)
- English Language Learning (please complete section 2)
- Enrichment or Gifted Program (please complete section 2)

1: Special Education

Does your child have a Ministry of Education category designation in any of the following? (Category will be indicated on your child's IEP)

\_\_\_\_\_ A (Physically Dependent)

\_\_\_\_\_ B (Deaf-Blind)

\_\_\_\_\_ C (Moderate Intellectual Disability)

\_\_\_\_\_ D (Chronic Health Impairment)

\_\_\_\_\_ E (Visual Impairment)

\_\_\_\_\_ F (Hearing Impairment)

\_\_\_\_\_ G (Autism)

\_\_\_\_\_ H (Severe Behaviour or Mental Illness)

\_\_\_\_\_ K (Mild Intellectual Disability)

Please describe the support services your child received in his/her current setting:

- |                                |    |     |             |
|--------------------------------|----|-----|-------------|
| a) Special Education Assistant | No | Yes |             |
| b) Occupational Therapy        | No | Yes | Name: _____ |
| c) Physiotherapy               | No | Yes | Name: _____ |
| d) Speech-Language             | No | Yes | Name: _____ |
| e) Behavioural Consultant      | No | Yes | Name: _____ |
| f) Teacher of Hearing Impaired | No | Yes | Name: _____ |
| g) Other _____                 |    |     | _____       |

Please provide copies of the following:

- \_\_\_\_\_ most recent report card (at least 2 school terms)
- \_\_\_\_\_ current IEP (including process reports)
- \_\_\_\_\_ most recent psycho-educational assessment (cognitive, academic achievement assessment)
- \_\_\_\_\_ medical reports related to the diagnosis (genetics, pediatrician, neurologist, etc.)
- \_\_\_\_\_ behavior and/or safety plan (if any)
- \_\_\_\_\_ most recent speech-language, occupational therapy, physiotherapy, psychiatrist, etc. reports (if any)

***Student cannot be considered for enrolment until all relevant documentation has been received***

**Additional information (if any)**

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## 2. Learning Assistance, Enrichment, and English Language Learning (ELL)

Does your child have a Ministry of Education category designation in any of the following? (Category will be indicated on your child's IEP)

\_\_\_\_\_ P (Gifted)

\_\_\_\_\_ Q (Learning Disabilities)

\_\_\_\_\_ R (Moderate Behaviour or Mental Illness)

\_\_\_\_\_ no category designation indicated on IEP or LSP

\_\_\_\_\_ ELL

Describe supports in place for your child (ie: reading support programs, math support, technology, ELL program, enrichment programs, etc.)

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Has your child received Speech-Language services? Yes \_\_\_\_\_ No \_\_\_\_\_ when: \_\_\_\_\_

Please provide copies of the following:

\_\_\_\_\_ most recent report card (at least 2 school terms)

\_\_\_\_\_ current IEP **or** Student Learning Plan/Learning Support Plan (including process reports)

\_\_\_\_\_ most recent educational assessment (if any)

\_\_\_\_\_ behavior and /or safety plan (if any)

\_\_\_\_\_ speech-language assessment report (if any)

***Student cannot be considered for enrolment until all relevant documentation has been received***

Additional information (if any)

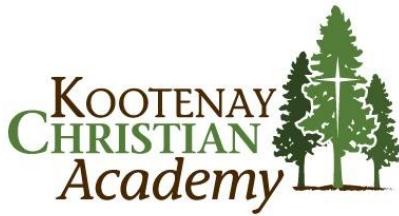
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## Consent Information

\*\*\*Please note as of January 2021, this document is a continuous consent document and will be valid as long as your child attends KCA. Any future changes must be made in writing to the school office. \*\*\*

Child or Children’s Names: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

### Parent Driver and Volunteer

If you will be driving KCA students, including your own to/from any field trips or school events at any time during the coming school year, we require that you submit to the office a copy of your driving record and your vehicle insurance papers, showing a minimum of 3 million dollar liability. Driving records are free and can be obtained on the ICBC website. Please forward abstracts to the school office email, secretary@kacademy.ca.

**Driving records and insurance papers must be current and submitted to the office every school year.**

If you are planning to volunteer in any capacity with KCA students, including driving for field trips, we require you to have a current **Criminal Record Check** on file in the school office. Forms are available in the school office and must be submitted via the school office only. Please note that Criminal Record Checks are valid for 5 years and you are legally responsible to notify the office if the status of your Record Check changes for any reason.

*Criteria can be met at any time during the school year, parent/guardian will not be allowed to drive or volunteer until all documents have been received in the office.*

### School Directory

The School Directory will be distributed to Staff and Student Families only. It is not distributed to the general public.

\_\_\_\_\_ **Yes**, please include our family information in the School Directory (First Name, Last Name, Address, Phone number, email address)

\_\_\_\_\_ **No**, please do not include our family in the School Directory

### Pick up Authorization

I hereby give my authorization for the following individuals to pick up my child in the event that I am unable to.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

## Photo Consent

Kootenay Christian Academy is seeking your consent to collect, keep, use and share photographs, videos and images of individual students and groups of students to commemorate events and to promote various educational, sports and cultural activities that relate to the school. Photographs and videos of students may be used or shared in school communications including newsletters, brochures and reports. They may also be used on KCA's website, social media sites (e.g. Facebook), and online videos (e.g. YouTube), as well as DVDs, CDs and videos designed for educational and school promotional use only.

**A. \_\_\_\_\_ I GIVE MY CONSENT** for KCA to collect, use, and share my child's name and/or image for purposes consistent with the above. I understand that images and information posted on the internet may be stored and accessed outside of Canada. This consent may be withdrawn at any time in writing but withdrawal of consent does not require KCA to take any steps to withdraw from publication any previously published material.

**OR**

**B. \_\_\_\_\_ I DO NOT CONSENT** to the use and disclosure of my child's image for the above purposes for this school year.

**Due to privacy, we ask that you please do not post or share any photos or videos containing children other than your own on any Social media sites. Your cooperation is appreciated.**

## Field Trip Permission

I give permission, by signing below, for my child to accompany Kootenay Christian Academy on walking field trips, using the KCA bus within city limits, and walking in and around the community forest for the duration of the school year (advanced notice will be provided). I understand trips follow school policies that cover supervision, first aid, and school approved drivers (policies are published on the school website).

## Privacy of Personal Information Consent

Kootenay Christian Academy follows the guidelines set out by the Provincial government regarding collection, use and disclosure of personal information in accordance with the Personal Information Protection Act (PIPA). By signing below, you are giving KCA permission to collect and use personal information in accordance with the above mentioned act and to release information where required, or permitted by law.

**Parent/Guardian Name:** \_\_\_\_\_

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



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DATE: \_\_\_\_\_

TO: \_\_\_\_\_

Dear Secretary,

The following student has registered with Kootenay Christian Academy and given the name of your school as their last school attended.

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

Grade: \_\_\_\_\_

Will you please send his / her student file, together with any other relevant material and if you are a MyEdBC school, release them from your MyEd system.

Parent / Guardian Signature: \_\_\_\_\_

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

Thank-you,

\_\_\_\_\_

Kootenay Christian Academy, secretary.





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## Parent’s Code

1. I have received the Lord Jesus Christ as my personal saviour and am actively involved in a local church.
2. I acknowledge that the Bible places primary responsibility on parents, especially fathers, for the education of their children, and am requesting this school to assist me in the God-given responsibility.
3. I have read and fully accept the Doctrinal Statement as my own.
4. I will pray earnestly for the school.
5. I will actively support the ministry of the school when I am able by assisting with various activities as needed.
6. I will support the standards of the school and uphold them outside of the school as well as in the school.
7. I authorize the school to employ such discipline as it deems wise and expedient for the training of my child(ren), excluding the use of corporal punishment which we believe to be the sole responsibility of the parent.
8. I will immediately seek to resolve misunderstandings privately with the person(s) (i.e. faculty, staff, Board members, other parents) involved in accordance with the principles of Matthew 18.
9. I accept that my child(ren) will be placed at a level determined by the administration on the basis of diagnostic and achievement testing to ensure individual success for each child.
10. I accept that the school reserves the right to dismiss any child who fails to comply with established regulations and discipline; or whose financial obligations remain unpaid; or who fails to show satisfactory academic progress.
11. I understand that faithful attendance at Parent-Teacher Interviews, Meet the Teacher Night and the Annual General Meeting are vital to building a strong school. I will make every effort to attend.
12. I hereby pledge to pay my financial obligations to the school.
13. I understand that tuition does not cover the full costs of educating my child(ren) and will seek to support the school through the various fundraising activities.

I agree with **ALL STATEMENTS** of the Parent’s Code

\_\_\_\_\_  
Parent/Guardian signature

**OR**

I agree with **STATEMENTS 5 – 13** of the Parent’s Code

\_\_\_\_\_  
Parent/Guardian signature

Student(s) Name: \_\_\_\_\_







# Cranbrook Christian School Society

1200 Kootenay Street N., Cranbrook, BC V1C 5X1

## Membership Application Form

**2021-2022**

Name(s) of Parent(s)/Guardian(s) or Other Applicant: \_\_\_\_\_

Name(s) of Children Attending KCA: \_\_\_\_\_

**Please choose one of the following:**

**Voting Membership**

I apply for membership in the Cranbrook Christian School Society and I:

- Have read and am in full agreement with the Constitution and By-Laws and commit hereby to uphold and promote the same;
- Claim Jesus Christ as Lord and Savior of my life; and
- Will abide by the objectives and the By-Laws, and resolutions of the Society and the directives of the Board of Directors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**OR**

**Associate (Non-Voting) Member**

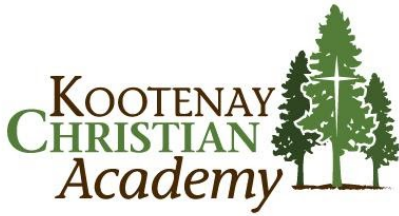
- Will abide by the objectives and the By-Laws, and resolutions of the Society and the directives of the Board of Directors;
- Am aware that as an Associate Member, I am not entitled to vote as per the current Society By-Laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please note that all membership applications are subject to approval of the Board of Directors of the Cranbrook Christian School Society.*





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## 2021-2022 Tuition Schedule

| Family Plan            | Regular   | 10 Month | 12 Month |
|------------------------|-----------|----------|----------|
| One Child              | \$3900.00 | \$390.00 | \$325.00 |
| Two Children           | \$6080.00 | \$608.00 | \$506.67 |
| Three or more Children | \$7630.00 | \$763.00 | \$635.83 |

\*\*\*Grade 10 students will be required to pay an additional High School program fee. At this time we are projecting this fee to be approximately \$300.00\*\*\*

### If you plan to pay tuition in full:

- You receive a \$100 discount if paid in full by September 15<sup>th</sup>, 2021
- You may pay by attaching a post dated cheque **or** you can fill in the Credit Card information on the Pre-Authorized Tuition Payment Plan. Please note payments will not be processed before September 1<sup>st</sup>, 2021.
- We no longer accept cash

### New Families:

- New Families receive a \$500 discount off tuition for their first year at KCA
- New Families will receive the \$100 discount if tuition is paid in full by September 15<sup>th</sup>, 2021.

### Referral Program:

- Existing KCA Families can qualify for our Referral Program by referring new families to KCA. Once the new family registers and completes their first full year at KCA, the family that referred them receives a \$100 gift card of their choosing.

### Important:

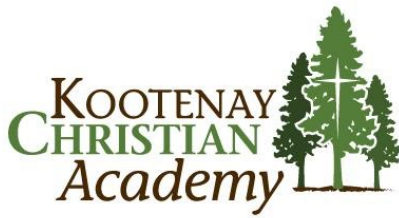
- High School program fee may be paid in full or added to the yearly tuition and paid for through monthly payments.
- All tuition fees and enrolment fees are non-refundable.
- Tuition fees are 100% tax deductible.
- All outstanding tuition fees must be paid up to date, or other arrangements must be made, before families are eligible to enroll for 2021-2022.

PRESCHOOL | ELEMENTARY | MIDDLE SCHOOL | HIGH SCHOOL

1200 Kootenay Street North Cranbrook, BC V1C 5X1 | PH: 250-426-0166 | FAX: 250-426-0186

EMAIL: [secretary@kcacademy.ca](mailto:secretary@kcacademy.ca) | WEB: [www.kcacademy.ca](http://www.kcacademy.ca)





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## Pre-Authorized Tuition Payment Plan

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Section 1 – Paying in full by **cheque, money order or in office** (\$100 discount if paid in full by Sept 15th)

- I will be paying in full by post dated cheque (dated Sept 1st or later) or money order.
- I will be paying in person in the office on or before September 15th 2021.

### Section 2 – **Credit Card Payments** (AMEX and Visa-Debit not accepted at this time)

- I authorize Kootenay Christian Academy to charge the following credit card for the **full tuition** amount for the year less the \$100 early discount on September 15th, 2021.
- I authorize Kootenay Christian Academy to charge the following credit card in the amount of \$ \_\_\_\_\_ on the 15<sup>th</sup> of each month for **10 months**, beginning September 15<sup>th</sup> 2021 and ending June 15<sup>th</sup> 2022.

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### Section 3 – Pre-Authorized **Bank Account** Payments

- I authorize Kootenay Christian Academy (Cranbrook Christian School Society) to debit my **bank account** in the amount of \$ \_\_\_\_\_ **monthly** on the 15<sup>th</sup> for:
  - 10 monthly** payments on the 15th of each month September 2021 through to June 2022
  - 12 monthly** payments on the 15th of each month September 2021 through to **August 2022**
- Please use existing bank account details on file or
- I have provided a VOID Cheque or copy of my Pre-Authorized Payment agreement form from my Financial Institution.

*Please note –Registration or Re-Enrollment will not be complete until all payment information has been received in the office.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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## Charitable Tax Receipt Information

Tuition Fees at Kootenay Christian Academy are tax deductible. In order to issue your tax receipt correctly, please provide the following information.

Full name including middle initial: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Home / cell phone number: \_\_\_\_\_

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



## KCA Gym Strip Shirt Order Form



Students in grade 6-10 are REQUIRED to wear a KCA t-shirt for gym class. Shirts are available for K-5 students if you would like to purchase one.

**New students** will receive a complimentary FIRST t-shirt.

Returning students, who would like to order a new one, may do so at the cost of \$18 each.

Sample sizes are available in the office. Grade 7-10 have the option of ordering a black t-shirt OR a green (or both, if you like 😊)

Please fill in form and return it to the office with payment to receive your shirts as soon as possible.

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Please circle your choices below.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Size:** Youth **S, M, L**

Adult **S, M, L, XL, 2XL**

**Color:** Green, Black (gr 7-10 only)

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Size:** Youth **S, M, L**

Adult **S, M, L, XL, 2XL**

**Color:** Green, Black (gr 7-10 only)

Complimentary (new student) or payment included with order \$ \_\_\_\_\_