



“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@kccademy.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

EMAIL: secretary@kcacademy.ca | WEB: www.kcacademy.ca



Student Profile: Grades 1-11

"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: _____

I/we attend church: Yes _____ No _____ If yes, name of church: _____

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 _____ Page 2

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)

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.)

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)

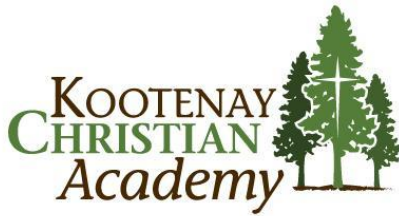
_____ most recent educational assessment (if any)

_____ 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)



“Growing Excellence”

Consent Information

****Please note, 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. Instructions are available in the school office and must be completed online. 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:** _____



“Growing Excellence”

Continuous Enrolment Contract

Parent/Guardian name: _____

Due to the nature of education, much of the planning required to run an effective school must be done on an annual basis. Significant financial commitments are made annually: teachers are hired, curriculum and capital assets are purchased, programs are created and a host of other plans are developed to operate at the highest level. By enrolling your child(ren) at KCA you are committing to partner with the school for the entire school year. Please read the following carefully and provide acknowledgement where required.

Key Financial Guidelines:

1. Upon admittance to KCA, students in good standing are continually enrolled, from year to year, until they graduate or leave the school. Continuous enrolment requires **families to maintain** up-to-date personal information with the school to ensure effective communication. The school will publish the upcoming school year's tuition rates no later than January 31st each year.
2. A student or family who elects to withdraw for the following year must provide written notice of withdrawal prior to June 15th to avoid the collection of 2 months' tuition fees. A student or family who withdraws between June 16th and Sept 14th is responsible to pay 2/10ths annual tuition. When a student or family voluntarily withdraws on or after Sept 15th for any reason at least one full calendar month's written notice must be given to the school. Prorated annual tuition (over 10 months) up to the current month, plus the next month, will be charged to the family's account. For example: if a family withdraws on November 7th, 4/10th's of the full year tuition amount is due (September through November, plus December). **Initial here** ____
3. While students are continuously enrolled at KCA, their placement status is not guaranteed until all financial obligations from the previous year are fulfilled. Families with an outstanding tuition account as of June 15th of the current school year, that are not on the 12 month payment plan, will cause their students' names to be placed onto classroom waiting lists for the following year.
4. Ongoing failure to maintain a current tuition account and the ability to meet the financial obligations of the chosen payment plan may result in the release of the student. **Initial here** ____
5. If a student is suspended, expelled, or asked to withdraw for disciplinary reasons, all tuition and fees paid up to date of departure to KCA are non-refundable. **Initial here** ____
6. When a student leaves KCA for any reason, all unpaid accounts remain due to the school, even after graduation. **Initial here** ____
7. For families choosing to make a single annual payment, either by cheque or credit card, the due date is Sept 15th. For families choosing the 12 month pre-authorized payment plan, fees are collected from your account on the 15th of each month, September through August.
8. All tuition payments that are made via credit card will be charged an additional 2% service fee. (Please note that as of September 2023, the monthly credit card payment option will no longer be offered. Monthly payments will continue to be available through pre-authorized bank account withdrawal.) **Initial here** ____
9. Tax receipt information will stay the same year to year unless the office is notified of any changes. Changes must be received in writing by December 31 for the following year.

Required Signatures

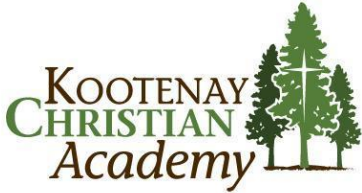
By signing below, I/we **agree to pay Total Annual Tuition Fees due** and confirm that I/we have read, understand and agree to abide with the guidelines related to tuition payments listed above. Further, I/we understand that in order for this application to be processed, all Tuition Payments must be paid up to date and all Tuition information and supporting documents must be provided.

Parent/Guardian signature

Date

Parent/Guardian signature

Date



“Growing Excellence”

Counselling Consent

The students at Kootenay Christian Academy can receive counselling support to address their emotional and educational needs, both individually and/or as a whole classroom at any point throughout the academic year. Priority, however, is given to the whole classroom. Discussion topics vary and can be identified by the classroom teacher, EA or by the individual. Areas of concern may include, but are not limited to; friendships, stress, bullying, and test anxiety. Students report that these classroom discussions prove to be a time of learning new information, acquiring new coping skills, and connecting with fellow students on a different level. These classroom times also provide the students with an opportunity to get to know the counsellor better and thus feel more comfortable asking for help if the need should arise.

A second priority of the school counsellor is to address the urgent needs of an individual student. There is a locked counsellor box above the buddy bench where students can confidentially request to see the counsellor. The box will be checked daily, and those students in need will become the top priority for that day.

The third priority of the counsellor is to see individual students on a weekly basis. As this position is part time, areas of concern must directly pertain to school. These will be short-term sessions with immediate goals to work towards. If a student needs more time than is available, the counsellor will work with the parent/guardian to find local resources and referrals to better assist the child.

We are asking all parents to sign the form below, giving permission for students to see the school counsellor immediately, should they request it. If a signed consent is not received, the counsellor will need to obtain consent from a parent/guardian before meeting with the student. A note, or email will be sent home each time a child has been seen by the counsellor to inform the parent/guardian of the visit.

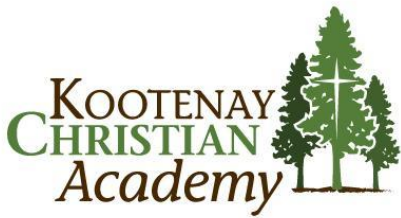
You may include multiple children on this form.

____ Yes, I give consent for _____ to see the school counsellor: (Christa Farmer-Shave cfarmer-shave@kcacademy.ca).

____ No, I do not give consent for _____ to see the school counsellor.

Signed by _____ Date _____

Email address for correspondence _____



“Growing Excellence”

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.



“Growing Excellence”

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

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.

Once approved, membership remains in effect until your child is no longer a student at KCA. If you wish to make changes to this document, you may do so in the office.



“Growing Excellence”

2022-2023 Tuition Schedule

Family Plan	Regular	10 Month	12 Month
One Child	\$4056.00	\$405.60	\$338.00
Two Children	\$6323.00	\$632.30	\$526.92
Three or more Children	\$7935.00	\$793.50	\$661.25

Grade 10 & 11 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 15th.
- You may pay by attaching a post dated cheque, bank draft, **or** you can fill in the Credit Card information on the Pre-Authorized Tuition Payment Plan and the payment will be processed on September 15th. We no longer accept cash. All credit card payments will be charged an additional 2% service fee.

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 15th.

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.
- Tuition fees are 100% tax deductible.
- Please see the Continuous Enrolment Contract for important information regarding tuition.
- Monthly credit card payments will no longer be offered as of September 2023.

PRESCHOOL | ELEMENTARY | MIDDLE SCHOOL | HIGH SCHOOL

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

EMAIL: secretary@kccademy.ca | WEB: www.kccademy.ca

Pre-Authorized Tuition Payment Plan

First Name: _____ Last Name: _____

Student(s) Name: _____

Phone Number: _____

Option 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.

Option 2 – Credit Card Payments (Visa and Mastercard)

**** Please note for the 2022-2023 school year, KCA will be charging an additional 2% service fee with all credit card payments. As of September 2023, **monthly** credit cards payments will no longer be available****

- I authorize Kootenay Christian Academy to charge the following credit card \$_____, the **full tuition** amount less the \$100 early discount **plus the 2% fee**, on September 15th.
- I authorize Kootenay Christian Academy to charge the following credit card in the amount of \$_____ (including the 2% fee) on the 15th of each month for **10 months**, beginning September 15th and ending June 15th.

Credit Card Number: _____

Expiry Date: _____

Option 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 15th for:
 - 10 monthly** payments on the 15th of each month September through to June.
 - 12 monthly** payments on the 15th of each month September through to **August**.
- 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 will not be complete until all payment information has been received in the office. This information will be kept on file and used year to year. You may make changes at any time.

Signed: _____ Date: _____



"Growing Excellence"

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. This information will be used from year to year unless otherwise notified to the school office.

Full name including middle initial: _____

Address: _____

Postal Code: _____

Home / cell phone number: _____

Email address: _____



KCA Gym Strip Shirt Order Form

Students in grade 6-11 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 7-11 have the option of ordering a black t-shirt OR a green (or both, if you like 😊)

Please circle your choices and return it to the office with payment to receive your shirts as soon as possible.

Please circle your choices below.

Student Name: _____ **Grade:** _____

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

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

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

Student Name: _____ **Grade:** _____

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

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

Color: Green, Black (gr 7-11 only)

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