

Verification of medical insurance: Include a copy of insurance card (must show name and policy number).

This Agreement is for the time period beginning **August 20th 2024** and ending **June 30th 2025**.

READ THE FOREGOING AGREEMENT BEFORE SIGNING BELOW.

WE HAVE THOROUGHLY READ THE FOREGOING AGREEMENT. WE FULLY UNDERSTAND THAT THIS AGREEMENT HAS IMPORTANT LEGAL CONSEQUENCES. WE UNDERSTAND THE STATEMENTS AND CONDITIONS STATED HEREIN AND AGREE TO THE TERMS OF THE AGREEMENT, AS NOTED BY OUR SIGNATURES BELOW:

NOTE: BOTH PARENTS/LEGAL GUARDIANS MUST SIGN, IF APPLICABLE

NOTE: In the event only one parent/guardian signs this agreement, the undersigned represents that this document shall be binding upon all parents/guardians.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____