

# Hockey Academy Application



**LLOYDMINSTER PUBLIC  
SCHOOL DIVISION  
5017-46 STREET,  
LLOYDMINSTER, AB  
T9V 1R4**



## APPLICATION FOR ADMISSION

Acceptance into the Hockey Academy is at the discretion of the school district and program staff. Limitations may be established based on the total number of participants, available classroom space and academic/athletic performance.

## STUDENT INFORMATION

Current School: \_\_\_\_\_ Grade Level as of September: \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_ Parent Email(s): \_\_\_\_\_

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

Sibling(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

## EMERGENCY CONTACT

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

Mother Name: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Father Name: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

## REGISTRATION CONSENT

Completed registration forms can be delivered to: LPSD Division Office (5017 46<sup>th</sup> St). Registration forms or other application inquiries can be emailed to Lance Ward at [lance.ward@lpsd.ca](mailto:lance.ward@lpsd.ca).

The undersigned hereby give consent for the above-named student to participate in the LPSD Hockey Academy Program. We authorize access by district school administration and program directors to his/her student records. We give permission for his/her likeness to be used by media outlets and/or the division which may include audio, photographs and video.

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

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

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

For Office Use Only:

Approved

Declined

# Hockey Academy Fee Payment



**LLOYDMINSTER PUBLIC  
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## HOCKEY ACADEMY FEE'S

Hockey Academy Fee's for the current year total \$1950/per child and then \$1750/per each additional sibling enrolled in Hockey Academy.

A \$400/per child deposit is required to confirm registration. The remaining balance can be paid by monthly installment or full fee payment, choosing one of the following payment options.

All payment arrangements must be provided before the start of the school year.

## PAYMENT OPTIONS

<input type="checkbox"/> Cheque		<input type="checkbox"/> Credit Card
<b>ONE CHILD</b>  Please provide <b>10</b> post-dated cheques for <b>\$155 each</b> , totalling \$1550.00	<b>EACH ADDITIONAL CHILD</b>  Please provide <b>10</b> post-dated cheques for <b>\$135 each</b> , totalling \$1350.00	Please complete the attached form: <b>Hockey Academy Credit Card Authorization</b>  ONE CHILD = \$155/MONTH EACH ADDITIONAL CHILD = \$135/MONTH  Payments are processed monthly for 10 Months
Make cheques payable to: <b>Lloydminster Public School Division</b>		<input type="checkbox"/> Cash/Interac
Reference the student(s) name in the memo of each cheque.		<b>Available for full fee payment only.</b>  Please visit us at Division Office to complete payment.

Please return completed form(s) and payment to:  
 LPSD Division Office  
 5017 46<sup>th</sup> Street  
 Lloydminster, AB

## ACCOUNT INFORMATION

- Students are **not** considered registered in Hockey Academy until payment arrangements have been received.
- Statement of Account and payment receipts will be mailed out monthly.
- Overdue Accounts** - 60 days overdue, you will be contacted to arrange payments options.
- 90 days overdue, the student will be suspended from the Hockey Academy program until account is brought up to date.

For any issues regarding Hockey Academy Fee Payment please contact:

Charlene Kvill – Finance Coordinator

Email: [charlene.kvill@lpsd.ca](mailto:charlene.kvill@lpsd.ca)

Phone: 780-808-2548

# Hockey Academy Credit Card Authorization



**LLOYDMINSTER PUBLIC  
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T9V 1R4**



**Student Last Name:**

**Student First Name:**

**Payment Schedule:** Payments will be processed on the 1<sup>st</sup> Friday of every month.

CREDIT CARD:             VISA             MASTERCARD             AMEX

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CVV # \_\_\_\_\_

CUSTOMER'S NAME (as it appears on the credit card) \_\_\_\_\_

BILLING ADDRESS (must be the exact billing address as it appears on the Credit Card Statement):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

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

I authorize **Lloydminster Public School Division** to charge my credit card **monthly** for payment of services. If Lloydminster Public School Division is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify Lloydminster Public School Division otherwise, in writing or until amount owing is paid in full.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct. **THIS AGREEMENT REMAINS IN EFFECT UNTIL SERVICES HAVE BEEN PAID IN FULL.**

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

