



High Point Academy Student Dismissal Card Order Form

Please submit this completed form along with payment to the main HPA office. Payment must be made when the order is placed. Orders not accompanied by payment will not be completed. Please allow 2-3 working days for orders to be completed. Cards will be sent home with the student whose name appears on the card. Person(s) placing the order **must** be listed on the student's transportation form.

Parent/Guardian: _____ Date: _____

1. Student Name: _____ Grade: _____

Number of cards requested: _____ x \$5.00 per card = \$ _____

2. Student Name: _____ Grade: _____

Number of cards requested: _____ x \$5.00 per card = \$ _____

3. Student Name: _____ Grade: _____

Number of cards requested: _____ x \$5.00 per card = \$ _____

4. Student Name: _____ Grade: _____

Number of cards requested: _____ x \$5.00 per card = \$ _____

Total amount owed: \$ _____

Office Use Only

Total amount received: \$ _____

Form of payment (circle one):

Cash

Check

Credit/Debit Card