



# Lake Orion High School Guided Afterschool Program (GAP)

## GAP FEE CONTRACT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_ GAP Club \_\_\_\_\_

I understand that the GAP Fee has been instituted in order to cover costs- such as adult supervision and supplies- related to operating a safe and enriching after school activities program for all Lake Orion students. Additionally, the fee will allow my child to participate in as many GAP activities and clubs as they wish throughout the school year. The exceptions to this are for one-time GAP events (i.e. special events/ field trips) and for any off-site programs in which a separate or additional fee will be charged. Overall, the GAP Fee will allow the program to become self-sustaining, thereby allowing our students to continue to experience amazing opportunities to learn, play, socialize, and step out of their comfort zones.

A student will not be allowed to participate in any GAP activities unless all signatures are affixed to this document and the fee has been paid. Fee structure is as follows:

- \$35 per high school student for the school year (one time fee includes all clubs)

Please make all checks and money orders payable to Lake Orion Community Schools. Credit card payments can be made with our “free” online PaySchools service which can be accessed at: <https://www.lakeorionschools.org/resources/payschools>

**This GAP Fee Contract must be turned in to the adviser of the club or Mr.Kimball at LOHS**

Note: A GAP Hardship Fee is in place for those families who may be in need. Free or reduced lunch qualifiers can contact [Stephen.kimball@lok12.org](mailto:Stephen.kimball@lok12.org) in order to qualify for and request the GAP Hardship Fee.

\_\_\_\_\_ Check here if paid through online PaySchools program.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

**THIS FORM MUST ACCOMPANY PAYMENT**

*Office Use Only*

Pay School Payment \_\_\_\_\_

Amount Paid \_\_\_\_\_

Received by \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_