

KPBSD Pool Punch Pass Form



Connections
home.school.community.

Family Last Name:		Date:	
Desired Attendance Pool:			

Student Name	Student ID

I authorize Connections to charge \$55 per student for a pool punch card for our requested KPBSD pool.

Parent Signature:		Date:	
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Office Use Only:

Date Received:		Allotment Charged:		Punch card sent:	
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