



# Mount Calvary Junior Academy

3111 East Wilder Avenue ■ Tampa, Florida 33610

Phone (813) 238-0433 ■ Fax (813) 231-0804

## SCHOOL BULLETIN CONTRACT

This is to certify that I, \_\_\_\_\_  
have received, read, and understand the entire new School Bulletin. I understand that all  
rules and regulations apply to me and my child/children.

Name of Child \_\_\_\_\_

Name of Child \_\_\_\_\_

Name of Child \_\_\_\_\_

Parent(s)/Guardian Signature(s):

\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

