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Our LC Smart Money Program

Please return back to the school office. Smart Money Participant Name: ______ Email Address: _____ Daytime Phone Number: Credit from my Smart Money orders should be applied to: (choose one) ___ Tuition Account of Student(s) Currently Attending Our LC_____ Future Tuition Account _ Teacher Account ___ Tuition Angel (scholarship in financial crisis) LC Strong Foundation (goes directly to OLC) Other Please send my orders home: (choose one) Student Name: Grade: ____ Office Pick Up __ Our LC Mailbox (Faculty only) Please sign acknowledging our policy regarding lost or stolen cards. I understand that the Smart Money Program is not responsible for lost or stolen cards once my order is delivered to a student, classroom, parent or representative. Signature