



## FCPS-LCA Transfer Acknowledgement

As the parents / legal guardians of \_\_\_\_\_, we have received a copy of the agreement between Lexington Catholic High School, Fayette County Public Schools, and Lexington Christian Academy and fully understand by transferring to Lexington Catholic we must follow the guidelines outlined in the agreement for our child to participate in KHSAA sanctioned sports.

By signing this letter we acknowledge and understand the terms of the agreement relative to our child.

\_\_\_\_\_  
Parents / Legal Guardians

\_\_\_\_\_  
Date

\_\_\_\_\_  
LCHS Athletic Director

\_\_\_\_\_  
Date