Sioux Valley Lutheran High School
ADOPT-A-STUDENT Sponsorship Form

Name of Sponsor: _____
LAST FIRST

Address: _____
NUMBER & STREET CITY STATE ZIP CODE

Email address: _____Home phone: _____
(AREA CODE) XXX-XXXX

I am making a commitment to participate in the **ADOPT-A-STUDENT** *program at Sioux Valley Lutheran High School for the* **school year 20_____-20_____,** *for:*

Please check all that apply:

***NUMBER* OF STUDENTS, grades 9-12:**

- ❑ one (1) student
- ❑ two (2) students
- ❑ Other: _____
- ❑ an entire grade
- ❑ all four (4) grades

(If you wish to adopt a particular student, please list their name here.)

***DURATION* OF SUPPORT:**

- ❑ one (1) academic year only, Sept 1st – June 1st (contact the school office in early June for annual renewal of commitment)
- ❑ on-going for each consecutive year of high school to be completed, up to 4 years

***AREAS* OF SUPPORT:**

- ❑ in prayer
- ❑ mentoring
- ❑ transportation
- ❑ tuition assistance
- ❑ tutoring
- ❑ monthly remembrances of encouragement through notes, tokens, etc.
- ❑ chaperone a field trip or class trip
- ❑ host a field trip or class trip *(visit your place of work)*
- ❑ help sponsor financially a one-day school field trip *(gas money, etc.)*
- ❑ help sponsor financially the SR class trip *(gas money, etc.)*
- ❑ provide a school-wide meal *(call the office for details)*
- ❑ Other: _____

Sponsor Signature: _____ Date: _____

Please mail to: SVLHS, 72957 400th Avenue, Lakefield, MN 56150

Office Use Only: Sponsorship Form received by _____ on _____A.D.
NAME DATE