

STUDENT PERMISSION, PARENT REFUND ACCEPTANCE SIGNATURE, DEPOSIT FORM

RETURN WITH DEPOSIT

(Student) _____ has my permission to participate in this activity. I have read, understand, and accept all refund policies.

(Parent/Guardian) _____ Date: _____

SCHOOL: Jackson 7 th Grade Columbus Tour May 16, 2024

AMOUNT: \$50.00 **DEPOSIT:** Due December 7-8, 2023 at school.

CHECK PAYABLE TO: Traveling Classrooms

* Please write student name on memo area of check

CK # _____ **Cash:** _____

Or Electronic VENMO Payment: _____

RETURN WITH PAYMENT

TRAVELING CLASSROOMS Balance Form

SCHOOL: Jackson 7 th Grade Columbus Tour May 16, 2024

STUDENT NAME: _____

AMOUNT: \$60.00 Due April 11-12, 2024 at school

CHECK PAYABLE TO: Traveling Classrooms

* Please write student name on memo area of check

CK # _____ **Cash:** _____

Or Electronic VENMO Payment: _____

* Advance Deposit-Balance Payments mailed to:

Traveling Classrooms

PO Box 35926 Canton, Ohio 44735