

TRAVELING CLASSROOMS

RETURN WITH BALANCE

STUDENT NAME: _____

SCHOOL: Jackson 7th Grade DC/GB Tour -Dates: May 14-15-16, 2020

BALANCE AMOUNT: \$345.00: --Due March 31-April 1, 2020 at school.

PAYMENTS PAYABLE TO: Traveling Classrooms

* Please write student name on memo area of check

CK # _____ Cash: _____

RETURN WITH DEPOSIT

Student Permission, Parent Refund Acceptance Signature, Deposit Form:

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

Parent/Guardian: _____ Date: _____

SCHOOL: Jackson 7th Grade DC/GB Tour-Dates: May 14-15-16, 2020

STUDENT NAME: _____

DEPOSIT AMOUNT: \$100.00 Due October 1-2, 2019 at school

PAYMENTS PAYABLE TO: Traveling Classrooms

* Please write student name on memo area of check

CK # _____ Cash: _____