

# Scottsdale Unified School District Parent / Guardian Permission for School Trip

Student Name **and** School I.D. #: \_\_\_\_\_ School: Chaparral High School

This permission form has been signed only after understanding and considering the following:

**1. TRIP INFORMATION**

- a. Class that has arranged the trip: Chaparral HS Marching Band
- b. Date of the trip: July 30 August 3, 2016
- c. Location / Destination of the trip: Camp Shadow Pines – Heber, Az
- d. Time leaving the school: Charter bus will leave Chaparral at 9:00am on 7/30/16.
- e. Time returning: Charter bus will arrive back at Chaparral at 5:00pm on 8/3/16.
- f. Trip supervisor: Band Director – Mrs. Jennifer Mireau
- g. Means of transportation: Charter Bus to and from camp.
- h. Fee: \$260 - (100% Tax Credit)

**2. EXPECTATIONS AND INSRUCTIONS:**

I understand that the student is expected and the student has been instructed by me:

- a. To follow instructions given by the Trip Supervisor.
- b. Not to leave or separate from the group without appropriate authorization from the Trip Supervisor.
- c. To follow all school rules during the trip and obey all laws and ordinances.
- d. Other expectations/instructions: Follow the rules and policies of Camp Shadow Pines.

In the event that any of the above expectations or instructions are violated, the student’s participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed.

**3. ACCOMMODATIONS;** If the student is disabled or requires special accommodations, these accommodations should be attached to this page.

**4. PERTINENT MEDICAL INFORMATION:**

Please advise of any medical condition the trip supervisor may need to be aware of i.e. allergies, medications, etc. on the “Student Medical Form” (found on band website firebirdband.org)

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date

Home phone number \_\_\_\_\_

Cell \_\_\_\_\_

.....  
**100%** of the band camp payment can be tax credit money. If you wish to claim your \$260 as tax credit, please supply the following information and a tax credit receipt will be issued for tax purposes:

Tax Credit Amount: \$\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Total amount Paid: \$\_\_\_\_ Date Paid: \_\_\_\_\_

Name of Taxpayer: \_\_\_\_\_

Taxpayer’s SSN #: \_\_\_\_\_

Taxpayer Address: \_\_\_\_\_

Because receipts for tax purposes are forwarded to the Arizona Department of Revenue, there can be no refund of fees once a receipt has been issued.