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 29-August 2
    c. Location / Destination of the trip: Camp Shadow Pines – Heber, Az
    d. Time leaving the school: Charter bus will leave Chaparral after Registration on 7/29/19.
    e. Time returning: Charter bus will arrive back at Chaparral at 5:00pm on 8/2/19.
    f. Trip supervisor: Band Director – Mrs. Jennifer Mireau
    g. Means of transportation: Charter Bus, to and from camp.
    h. Fee: **$285 total - ($205 = 100% Tax Credit to school bookstore) ($80 to the Band Boosters)**

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 $205 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.