

**STUDENT PERMISSION, PARENT REFUND  
ACCEPTANCE SIGNATURE, PAYMENT FORMS**

**TRAVELING CLASSROOMS Deposit Form**

*Please return with payment*

(Student) \_\_\_\_\_ has my permission to participate in this activity.  
I have read the trip flyer and understand/ accept all refund policies. My signature verifies this statement.

(Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

SCHOOL: Edison 8<sup>th</sup> Grade Washington DC Tour Dates: May 23-24-25, 2019

DEPOSIT AMOUNT: \$100.00 Due October 3-4, 2018 at school (upon arrival)

CHECKS/MONEY ORDERS PAYABLE TO: Traveling Classrooms

\* Please write student name on memo area of check

CK # \_\_\_\_\_ Cash: \_\_\_\_\_

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**TRAVELING CLASSROOMS Balance Form**

*Please return with payment*

SCHOOL: Edison 8<sup>th</sup> Grade Washington DC Tour Dates: May 23-24-25, 2019  
STUDENT NAME: \_\_\_\_\_

BALANCE AMOUNT: \$320.00 Due April 4-5, 2019, at school

CHECKS/MONEY ORDERS PAYABLE TO: Traveling Classrooms

\* Please write student name on memo area of check

CK # \_\_\_\_\_ Cash: \_\_\_\_\_

\* Payments may also be sent to  
Traveling Classrooms  
PO Box 9568 Canton, Ohio 44711