

SENIOR TRIP CONSENT FORM

Date: Thursday, March 21, 2024 Cost: \$75 minus discounts from fundraiser Time: Board bus at LMS @ 6:00 am Return to LMS @ 10:30pm

Parent/Guardian Name:		Student cell phone number:	
		Phone number(s):	
		Phone number(s):	
Studer	nt Medical Needs, Allergies, o	Dietary Requirements:	
	company and the school. I un participate or get a refund. I ut to adhere to the rules and guid	C trip and abide by all rules and regulations set out by the transportate derstand that if I do not abide by the rules set forth I will not be able to address that I am responsible for the cost of my actions if I choose elines set forth and am fully responsible to pay the cost of transportated. Student Initials	to not
٠	that I will not be permitted to stay for the duration of the ev	sible for arriving on time (6:00 am), and staying for the entire event, use any other transportation during the event. I understand that I need ent and will participate in all activities. I understand that if I miss the not be issued a refund Student Initials	d to
٥	Thursday, March 21 and under all rules and guidelines set ou understand that if my student	ent to participate in the Senior Class trip to Washington D.C. on restand that they are fully responsible for being punctual, and abiding by the chaperones and school, and that by checking this box I does not abide by the rules and guidelines set forth that I am responsible cluding a trip home at my expense Parent Initials	
٠	activities as directed by the L	to participate in the Senior Class Trip to Washington DC including a MS school representatives, and chaperones and agree to not hold ther I understand that if my student is not able to attend, or misses the build Parent Initials	n
	(Parent/Guardian Signature)	(Date)	
	(Student Signature)	(Date)	