



SENIOR TRIP CONSENT FORM

Date: Thursday, March 20, 2025
Time: Board bus at LMS @ 6:15 am

Cost: \$75 minus discounts from fundraiser
Return to LMS @ approximately 10:30pm

Name of student: _____ **Student cell phone number:** _____

Parent/Guardian Name: _____ **Phone number(s):** _____

Parent/Guardian Name: _____ **Phone number(s):** _____

Student Medical Needs, Allergies, or Dietary Requirements: _____

- ☐ I plan to attend the full day DC trip and abide by all rules and regulations set out by the transportation company and the school. I understand that if I do not abide by the rules set forth I will not be able to participate or get a refund. I understand that I am responsible for the cost of my actions if I choose not to adhere to the rules and guidelines set forth and am fully responsible to pay the cost of transportation home or additional costs as needed. _____ **Student Initials**
- ☐ I am responsible for arriving on time (6:15 am), and staying for the entire event, and I will not be permitted to use any other transportation during the event. I need to stay for the duration of the event and participate in all activities. I understand that if I miss the bus departure in the morning, and am unable to attend I will not be issued a refund. _____ **Student Initials**
- ☐ I give permission for my student to participate in the Senior Class trip to Washington D.C. on Thursday, March 20 and understand that they are fully responsible for being punctual, and abiding by all rules and guidelines set out by the chaperones and school, and that by checking this box I understand that if my student does not abide by the rules and guidelines set forth that I am responsible for the cost of these actions including a trip home at my expense. _____ **Parent Initials**
- ☐ I give permission for my child to participate in the Senior Class Trip to Washington DC including all activities as directed by the LMS school representatives, and chaperones and agree to not hold them liable for accident or injuries. I understand that if my student is not able to attend, or misses the bus, they will not be issued a refund. _____ **Parent Initials**
- ☐ I understand that I will be invoiced for the trip through my FACTS account on February 24 and payment is due on Thursday, March 13, 2025. _____ **Parent Initials**

(Parent/Guardian Signature)

(Date)

(Student Signature)

(Date)