

# STUDENT PERMISSION, PARENT REFUND ACCEPTANCE SIGNATURE, PAYMENT FORMS

- Only return with In-School or US Mail payment

(Student) \_\_\_\_\_ has my permission to participate in this activity. I have read, understand & accept all refund policies.

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

PARENT EMAIL ADDRESS: \_\_\_\_\_

SCHOOL: Hudson 8<sup>th</sup> Grade DC Tour October 13-14-15, 2026

AMOUNT: \$150.00 Non-Refundable Deposit: Due **March 19, 2026**

CHECK PAYABLE TO: Traveling Classrooms

\* Please write student name on memo area of check

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

MAILING: Traveling Classrooms PO Box 35926 Canton, Ohio 44735

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## TRAVELING CLASSROOMS Balance Form

- Only return with In-School or US Mail payments

SCHOOL: Hudson 8<sup>th</sup> Grade DC Tour October 13-14-15, 2026

STUDENT NAME: \_\_\_\_\_

AMOUNT: \$ 335.00 Refundable Balance Per Policy Due **May 22, 2026**

CHECK PAYABLE TO: Traveling Classrooms

\* Please write student name on memo area of check

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

MAILING: Traveling Classrooms PO Box 35926 Canton, Ohio 44735