



## Parent Approval for Student Overnight and/or Extended Trip

\_\_\_\_\_

Group Requesting Trip

\_\_\_\_\_

Destination

\_\_\_\_\_

Date of Departure

\_\_\_\_\_

Date of Return

\_\_\_\_\_

Advisor in Charge

\_\_\_\_\_

Maximum Cost to Student

**No Refund Policy:** When, in the sole judgment of the Administration, in consultation with the advisor/coach and the participating students and patrons, travel is suspended due to safety or other consideration beyond the control of any or all involved, American Leadership Academy, the Board of Trustees, and school employees shall have no obligation and shall be held harmless with respect to refund of any expenditures. Participants should not expect refunds for cancellations either individually or as a group if the school is not refunded.

**Parent Certification:** I have received and have reviewed the proposed travel itinerary, anticipated expenditures per student and fund raising efforts for the student overnight travel trip described above. I understand that board policy requires that all expenses associated with the trip must be paid by the participants themselves, or covered by fund raising. All expenses must be paid in full at least one week prior to departure. The financial responsibility for the cost of the trip does not rest with the school. I also understand the potential for non-refunds of expenditures when trips are cancelled.

\_\_\_\_\_ I am supportive of the trip and give permission for the below named student to participate. I also understand that my student is responsible to pay all costs before departure, and am aware of the school's no refund policy.

\_\_\_\_\_ I am supportive of the proposal, but my student will be unable to participate.

\_\_\_\_\_ I am NOT supportive of the proposal and my student will be unable to participate.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_