(Before Board approval, confidential preliminary vote)

ALPINE SCHOOL DISTRICT

Parent Approval for Student Overnight and/or Extended Trip

Group Requesting Trip		School
Date and Time of Departure		Date and Time of Return
Destination of Trip		Teacher in Charge
Estimated maximum cost to student	and/or parents	
Parent Certification		
borne by the student and/or parents a financial cost for the trip is the perso not rest with the school or the comm Note: It is important the the proposed excursion pressure on your studen	tand that board palthough some lirenal responsibility unity. at the school offing the school of the	of the "Application for Student Overnight and/or Extended colicy requires that the financial cost for all trips will be mited fund raising may be permitted by the principal. The y of the student and his/her parents. This responsibility does icials know your honest feelings concerning modify your response to satisfy possible peer ssion for the below named student to participate in the trip.
I also understand that my stude	ent is responsible	e to pay all costs before departure.
I am NOT supportive of the pro-	oposal.	**************************************
,		
Student's name	Date	Parent's Signature
		I attest by this signature that I am the custodial parent or legal guardian of the student above. I acknowledge that falsifying this record makes me subject to law.