

JACKSON FALL 2025 8TH GRADE DC PERMISSION FORM

*ONLY RETURN WITH IN- SCHOOL OR MAIL-IN PAYMENTS

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

(Parent/Guardian) _____ Date: _____

PARENT EMAIL ADDRESS REQUIRED: _____

AMOUNT: \$150.00 Non-Refundable Deposit: Due May 22-23, 2024

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

2nd PAYMENT FORM

*ONLY RETURN WITH MAIL-IN PAYMENTS

SCHOOL: Jackson 8th Grade Washington DC/Gettysburg Tour October 21-22-23, 2025

STUDENT NAME: _____

AMOUNT: \$150.00 Due: July 18, 2024

CHECK PAYABLE TO: Traveling Classrooms * Please write student name/school on memo

• CK # _____

MAILING: Traveling Classrooms PO Box 35926 Canton, Ohio 44735

BALANCE PAYMENT FORM

*ONLY RETURN WITH IN-SCHOOL OR MAIL-IN PAYMENTS

SCHOOL: Jackson 8th Grade Washington DC/Gettysburg Tour October 21-22-23, 2025

STUDENT NAME: _____

AMOUNT: \$225.00 Refundable Balance Due September 11-12th, 2025

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