

PALMETTO MIDDLE SCHOOL
Close Up Trip Parent Acknowledgement
Informational Meeting ~ Washington, D.C.
February 26-March 2, 2023

To participate in the field trip please print out, legibly fill out, and submit the following form to Mrs. Castillo or Mrs. Figueiras. Please write the student's full legal name, as this will be used to reserve the airline ticket. Name must be the legal name, exactly as it appears on the child's identification.

Student first name: _____

Middle name: _____ Last name: _____

Date of birth: _____ ID#: _____

Parent Name: _____ Cell Phone #: _____

Student Home Address: _____

Home Phone #: _____ Student Cell#: _____

Student Email: _____

Parent Email: _____

Parent Email: (2) _____

Parent phone # (2): _____

Allergies or concerns: _____

My child is on regular medication: _____

I am purchasing travel insurance for reimbursement in the event of a cancellation of trip or a positive COVID diagnosis. YES _____ NO _____ (*Travel insurance is optional and must be purchased independently*). I understand that if I do not purchase the insurance, I will forfeit money paid to the Close-Up foundation. INITIAL HERE: _____

I understand that to be eligible to attend this field trip, my child must remain in good academic and behavioral standing in all classes at Palmetto Middle School. I understand that the \$500.00 deposit is non-refundable (no matter the situation including a positive COVID diagnosis) and if my child does not attend this field trip, I forfeit that money. Additionally, should my child become ill while in Washington DC, I understand that I must make arrangements to pick-up my child in a timely manner.

Student Signature _____ Date _____

Parent Signature _____ Date _____

