



Scottsdale Unified School District

Parent or Guardian Permission for School Trip Fee Over \$15.00

Student Name and I.D. #: _____ School: _____

Sponsor will file a copy of this permission form with the Principal's office at least 1 day before trip.

This permission form has been signed only after understanding and considering the following:

1. TRIP INFORMATION:

- a. Class that has arranged the trip: _____
- b. Date of the trip: _____
- c. Location/destination of the trip: _____
- d. Time leaving school: _____ A.M. _____ P.M.
- e. Time returning: _____ A.M. _____ P.M.
- f. Trip Supervisor(s): _____
- g. Means of transportation: _____
- h. Fee: \$_____. (See below*)

2. EXPECTATIONS AND INSTRUCTIONS: I understand that the student is expected and the student has been instructed by me:

- a. To follow instructions given by the Trip Supervisor(s).
- b. Not leave or separate from the group without appropriate authorization from the Trip Supervisor(s).
- c. To follow all school rules during the trip and obey all laws and ordinances.
- d. To conform to usual and customary standards of good citizenship, good decorum, and common courtesy.
- e. Other expectations/instructions: _____

In the event that any of the above expectations or instructions are violated, the student's participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed.

3. ACCOMMODATIONS: If the student is disabled or requires special accommodations, those accommodations are attached.

4. PERTINENT MEDICAL INFORMATION: Please advise of any medical condition the teacher may need to be aware of, i.e. allergies, medications, etc.: _____

Please list the names of two parents and/or guardians that may be contacted.

Parent/Guardian #1 – Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Parent/Guardian #2 – Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

5. CONSENT FOR EMERGENCY MEDICAL TREATMENT: If any emergency procedures or treatment are required during the trip, I consent to the Trip Supervisor(s) taking, arranging for, and consenting to the procedures or treatment in the Supervisor's discretion.

Parent/Guardian's Signature: _____ Date: _____

 * Pursuant to Arizona Revised Statutes (A.R.S. §15-342(24)), the Scottsdale School Board has approved a fee for most in-town elementary extracurricular field trips. You may be eligible to receive a tax credit for payment of such fees under A.R.S. § 43-1089.01, which provides that taxpayers may receive a tax credit up to \$200 (single) or \$400 (married, joint filing) for the payment of fees relating to optional extracurricular activities. Extracurricular activities are defined as any optional, noncredit, educational or recreational activity that supplements the education program of the school, whether offered before, during or after regular school hours.

If you wish to claim this fee as a tax credit, please supply the school with the following information and a tax credit receipt will be issued for tax purposes:

Fee Amount: \$ _____ Amount Paid: \$ _____ Date Paid: _____
 Name of Taxpayer: _____

Because of the difficulty in keeping long-term records and the potential overlap of the tax year (calendar) and school year (fiscal), parents cannot prepay future field trips. In addition, because receipts for tax purposes are forwarded to the Arizona Department of Revenue, there can be **no refund of fees** once a receipt has been issued. Any fees paid in addition to the school trip fee will be placed in the school's General Extracurricular Account.