

Family Name _____

Field Trip
Registration

Star of India - Gold Diggers Overnight

Location	Date	Start-End	Price	RSVP
Star of India 910 N. Harbor Drive San Diego, CA 92101	Thursday, November 21-22	3:00 pm 11/21 - 9:00 am 11/22 Check in 2:15 pm	\$74 per student 4th-6th Grade \$37 adult chaperone	Friday November 1, 2019 (Min. 26 students/Max. 35)

*When submitting this registration form, you must have already provided TLC with a master liability waiver that includes any medical information about your student. It is your responsibility to update your student's medical information as necessary with the school by completing a new Master Waiver.

*Students must be in good standing (academic/behavioral) to attend events.

*Priority is based upon the returned date. First come - first served.

*Payment is required at the time of registration. Cash payment must be the exact amount. Checks payable to The Learning Choice Academy. No refunds or reimbursements once RSVP is submitted.

*Parents are responsible for providing transportation and supervision. If your student will be attending with another adult or family, a written note must accompany the registration stating your detailed permission.

Parent Name (Last, First):		Total Adults:	Total Students:	Total Siblings:
Phone:		Site (circle one):		
Email:		<input type="checkbox"/> Chula Vista <input type="checkbox"/> Scripps Ranch <input type="checkbox"/> La Mesa		
Names of those attending	Relationship to Student	Grade/Age	Form of Payment <small>Extended Units for students only</small>	
1.	Parent Student Sibling		Cash_____ Check_____ EU's_____	
2.	Parent Student Sibling		Cash_____ Check_____ EU's_____	
3.	Parent Student Sibling		Cash_____ Check_____ EU's_____	
4.	Parent Student Sibling		Cash_____ Check_____ EU's_____	
5.	Parent Student Sibling		Cash_____ Check_____ EU's_____	
6.	Parent Student Sibling		Cash_____ Check_____ EU's_____	
Special Instructions:				
Program is for 4th-6th grade students only. Separate Release of Liability and Medical Forms are required for every participant and should be attached to this form when submitted. There will be a limited number of adult chaperones allowed on this field trip.				
Signature:		Date:	Total Cash:	
			Check #: Total:	
			*only 1 check is needed per event/family	
(For Internal Use Only) Received by: _____ Date: _____			Total Amount:	
Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____				