

Statement of Insufficient Funds

This form is to be completed and returned to the principal at least two week before the trip.

**PLEASE COMPLETE AND RETURN TO THE PRINCIPAL**

Parent/Guardian Name: (Print) \_\_\_\_\_

Student Name: (Print) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby declare that our family has insufficient funds to pay for the following field trip:

Destination: _____
Departure Date: _____
Return Date: _____
Sponsoring Teacher: _____

The total cost to the student is \$ \_\_\_\_\_.

Our family can afford to pay \$ \_\_\_\_\_.

I am requesting that the remaining \$ \_\_\_\_\_ be funded by scholarship.

Parent Signature	Date	Phone Number(s)

Approved	Principal	Date

Approved	Chief Business Official	Date

Approved	Superintendent	Date