

2016-2017 Field Trip Payment Form



Saint Joseph School
once a saint, always a saint

FACTS

_____ , in grade _____, will be
Student Name

attending a field trip on _____ at _____
Date Place of Field Trip

The cost to the student is _____ . This amount will charged
Amount

to your FACTS account. NO cash or checks will be collected.

Parent Signature: _____

Please print name: _____

By signing this form, you give the SJS Finance Office permission to charge your FACTS account for the cost of the field trip, listed above, on your next scheduled pay date. FACTS will email a notice of activity change.