

2018-2019 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 be 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.