

Carmel Unified School District

BP 6153

Statement of Insufficient Funds

This form is to be completed and returned to the principal at least two weeks 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