

Intent to Travel Form

Thank you so much for your interest in going on this field trip with NCCA! Please fill out the information below and turn it in to the coordinating teacher or the office **by September 4th** for us to start finalizing our itinerary and making more concrete plans so that we can better serve you. Once your students form and \$100 non-refundable deposit is turned into the office the remaining non-refundable cost of the trip will be charged to your account.

Student Name: _____ Grade: _____ T-Shirt Size _____

Please check all that apply:

_____ I (student above) am planning to travel with the NCCA group to _____
(Epcot, DC or New York)

_____ I (parent of student) understand that the cost of the field trip will be added to my account for my payment convenience.

1) Parent/Guardians Name _____

Please check all that apply:

_____ I (parent of student) am not planning to go on this trip with my student.

_____ I (parent of student) plan to travel with the NCCA group at full cost and will accept the **responsibility of a Chaperon**. I understand the cost of the trip will be charged to my account. I also understand all NCCA trip guideline and will follow them during the trip.
Name of parent chaperoning trip: _____

_____ I (parent of the student) plan to travel with the NCCA group as a parent and **will participate in a group** but do not want to be a Chaperon. I understand the cost of my trip will **be more** and will be charged to my account. I also understand all NCCA trip guidelines and will follow them during the trip. Please contact trip teacher sponsor to find out cost of trip.
Name of parent attending the trip: _____

Agreement:

By signing below, I attest that I understand the conditions for traveling on field trips with New Creation Christian Academy. I have been made aware of the rules and expectations for my behavior leading up to and during the trip as laid out in the NCCA student handbook. I and my family have been made aware of the estimated costs and itinerary, and we agree that we will provide full disclosure of any medical or other information that will require special attention, accommodations and/or assistance. We also understand that the cost of the **trip is nonrefundable** should we decide not to go on the trip for any circumstances.

Student: _____

Date: _____

Parent/Guardian(s) _____

Date: _____