



Walter Payton College Preparatory High School

1034 N. Wells Chicago, Illinois 60610

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Payton National Park Travel Applicant Statement – Required of ALL Applicants

Instructions to Student: Please read and copy by hand the statement below in the space provided. Sign, date and obtain parent/guardian signature on reverse. Return this completed statement to Ms. Daniel by 3:30 pm May 12, 2017. Your online application should also be completed by this time and date.

All of the information in this application is honest and accurate to the best of my knowledge. I understand that as a member of the Payton community traveling, I will represent Walter Payton College Prep and the City of Chicago to people who may have little to no exposure to these communities. As a representative I am expected to maintain the highest standards of behavior and integrity. I agree to abide by all terms of the Chicago Public Schools and Payton Student Code of Conduct while participating in trip activities. I understand that in applying to and if accepted in this program, I am committing to participating fully in all programs events, including fundraising, seminar activities and group travel and itinerary arrangements (i.e, traveling to and from destinations with the group as planned, participating in group activities during trip, etc.).

In the event that I may withdraw, I understand that my \$250 deposit is non-refundable as well as potentially other trip-related expenses. I understand that withdrawing from this trip directly impacts trip planning and logistics for all participants and chaperons, especially with regard to purchasing airfare, down payments, etc. If circumstances do arise that make it impossible for me to continue in the program (e.g., health emergency or otherwise extreme hardship) I will inform my trip leaders in private to discuss and do my best to help make alternative arrangements.

Please continue writing and sign, date and obtain signatures on reverse. → → → → → → → → → →

Student First and Last Name: _____
PLEASE PRINT NAME LEGIBLY IN UPPERCASE

Parent/Guardian Name: _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

SUBMISSION INSTRUCTIONS: Please return your completed Applicant Statement to Ms. Daniel in room 108 and complete your online application by 3:30 pm May 12, 2017.