

**GALENA INTERIOR LEARNING ACADEMY
Travel Voucher**

Permission is given for _____ to travel

(Son or daughter's name)

To _____ on the following dates.

Departure (date and time) _____

Return (date and time) _____

Additional information you may want to consider before arranging this travel request:

This trip is;

- ___ IS School related
- ___ IS NOT School related
- ___ Is for medical reason
- ___ Is cultural activity
- ___ Other

Airline: Departure _____

Return to Galena _____

Special Arrangements/Instructions _____

Please read and complete the following information.

As the parent and legal guardian of _____, I release Galena Interior Learning Academy and Galena City School District from any liability from the time departure on _____ until return to Galena on _____ . I assume full and total responsibility for my son/daughter's safety during this time.

Should any questions arise, I can be reached at _____.

Please return this form to Galena Interior Learning Academy by FAX (907) 656-2398. You child will not be released for travel until this document has been signed and is on file in our office. **We are asking for 24 hour advance notice to ensure travel coordination.** Thank you for your time and consideration is helping us insure the safety and well being of your child.

Signature of Parent/Guardian

Date

Call Galena Interior Learning Academy at (907) 656-2112, to confirm receipt of this document. The signature of a GILA official is the final step in completion of this release.

Signature of GILA Official

Date