



**MRH MIDDLE SCHOOL PARENT  
REQUEST FOR EXPEDITION FEE SUPPORT**

***OUR MIDDLE SCHOOL STUDENTS in 2012-2013 WILL PAY \$200 TO PARTICIPATE IN THESE EDUCATIONAL OPPORTUNITIES. WE ARE ABLE TO CONSIDER A 50% REDUCTION IN EXPEDITION FEES WHEN YOU COMPLETE THIS FORM. IF THERE ARE ADDITIONAL NEEDS, PLEASE CONSIDER TALKING WITH THE PRINCIPAL.***

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **(HOME)**

\_\_\_\_\_ **(CELL)**

\_\_\_\_\_ **(WORK)**

**STUDENT NAME:** \_\_\_\_\_

**TOTAL AMOUNT YOU ARE REQUESTING  
SUPPORT FOR (\$100 maximum)?** \_\_\_\_\_

**IF I RECEIVE EXPEDITIONARY FEE SUPPORT, I AGREE TO PAY THE  
REMAINING BALANCE PRIOR TO MAY 1st.**

**BRIEF DESCRIPTION FOR REASON OF EXPEDITION SUPPORT:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**PARENT SIGNATURE**