



## OCDSB 906 CANCELLATION AND REFUND POLICY

### *Participant Copy*

Students and Parents,

Please read carefully the Cancellation and Refund Policy outlined below. Keep this copy for your records. Sign the attached School Copy, and return it to the Lead Trip Supervisor by the date indicated on your final acceptance letter.

#### **Policy:**

- ◆ When a student is accepted to participate in the field trip or student group exchange, they will be asked to complete a final confirmation of participation. Once this is done, all cheques are no longer refundable.

*If a student changes their mind any time after being accepted and completing a final confirmation of participation, and decides not to participate in the trip or exchange, all cheques submitted to date will be forfeited.*

*If a student has to be removed from the list of participants by the school Administration after having initially been accepted, all cheques submitted to date will be forfeited.*

- ◆ Every effort will be made to provide a one to one exchange experience for our students and for those of our partner school in \_\_\_\_\_, Unfortunately, unforeseen circumstances may require us to alter original billeting arrangements. Should this become necessary, it will be the responsibility of (name of the host school) \_\_\_\_\_ administration to provide acceptable alternate arrangements for (name of OCDSB school) \_\_\_\_\_ students while they are visiting \_\_\_\_\_. We have every confidence that both schools will be able to make suitable alternate arrangements should the need arise.

*If a student changes their mind, and decides not to participate in the exchange because billeting arrangements must be altered, all cheques submitted to date will be forfeited.*

- ◆ Students will purchase travel insurance as part of the exchange program. If a student is unable to travel to \_\_\_\_\_ or to participate in any aspect of the trip for medical or emergency reasons, it will be the responsibility of the student and his/her parents to obtain reimbursement from the insurance company for monies paid. The Administration of (name of OCDSB school) \_\_\_\_\_ will endeavour to help, wherever possible, with this process.



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## ACKNOWLEDGEMENT

I have read and understood the Cancellation and Refund Policy as outlined above, and I agree to abide by this policy.

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Name of Student (please print)

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Signature of Parent

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Date

Updated 2015