**Stroud Scholars Weekend Form**

**2024-2025**

**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Filling out this form verifies that this student has permission to:

- leave campus with the designated adults, for the dates below (*Year 3 Residents only*)

**Weekend 1: July 13-14**

*Year 3 Residents:* My student will:

 \_\_\_\_ **Remain on Campus over the weekend**

 \_\_\_\_ **Go Home for the weekend**

 They will be picked up at this time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Weekend 2: July 20-21**

*Year 3 Residents:* My student will:

\_\_\_\_ **Remain on Campus over the weekend**

\_\_\_\_ **Go Home for the weekend**

They will be picked up at this time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of designated adults who may pick up my student:

They will need to provide ID verification upon check-out.

1.
2.
3.

|  |  |
| --- | --- |
| **Parent/Legal Guardian** signature:       | Date:       |

If there are changes to any of the information provided, please contact Stroud staff at:

 stroudscholars@coloradocollege.edu or 719-389-6098