**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.



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

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

[stroudscholars@coloradocollege.edu](mailto:stroudscholars@coloradocollege.edu) or 719-389-6098