

Detroit Public Schools Community District

Form 6

REQUEST FOR APPROVAL OF AN OUT-OF-STATE OR OVERNIGHT STUDENT TRIP

(Attach completed Form 5 and appropriate documents)

Please send this form to the appropriate Network Leader of the Academic Office for approval at least five weeks in advance of date of trip.

The request involves a review of plans made by school staff to assure the well-being of the students and the academic importance of the proposed trip. The principal may be contacted for further information.

This form may serve as the cover to a packet that contains the following information:	
Principal's name	
SchoolTelephone numbe	er(s)
Sponsoring Organization	
Name of Staff member(s) in Charge	
Parent Contact	
Number of Students Involved Grade(s) Involved Num	ber of Staff
Destination	
Inclusive dates of trip Cost to Pupils Purpose of trip (Attach Plan and Educational Rationale)	2. Itinerary, including lodging. 3. Copy of all trip rules. 4. Copy of Permission slips. 5. Copy of Emergency Medical
Description of Field Trip	6. Approved Leave Form (4132) 7. Copy of proposed agreements. 8. List of students, staff and
Specific Housing Arrangements (Attached) Name of Transportation Company (Vendor(s)) Involved	applications and waivers 10. Field Trip Bus Transportation Request.
Travel Agency and Type of Insurance	
The staff, sponsor, parents and principals have cooperatively planned to denied the opportunity to participate because of economic reasons. I an arrangements have been confirmed. This activity has my approval.	
Signature of Principal	Date
Signature of Principal Leader	Date