

Name _____



Religious Diversity Journeys – 2018-2019 Program Application

Why would you like to attend **Religious Diversity Journeys**?

In what ways might you be able to share the information that you learn during each Journey with your peers?

What do you hope to gain from this experience?

You need approval from all of your teachers that you are passing your classes.

1st hour _____

2nd hour _____

3rd hour _____

4th hour _____

5th hour _____

6th hour _____

7th hour _____

Student Agreement:

By agreeing to participate in **Religious Diversity Journeys** you must participate in all six field trips throughout the year. Likewise, your attendance at any RDJ group meetings at school is mandatory. Additionally, you are also responsible for any school work that you miss during the days that we are gone.

I, _____ understand these requirements. Student Signature _____

Parent Agreement:

My child _____ has my permission to participate in the 2018 – 2019 Religious Diversity Journeys Program. I am aware that this program involves six field trip days and that my child will be responsible for informing teachers of their absence and completing missed classwork.

Parent Name: _____

Parent Signature: _____

Emergency Contact:

Name: _____

Phone Number: _____

Student & parent electronic contact Information:

The InterFaith Leadership Council will never share this information with any other organization or individual.

Child's email: _____

Parent's email: _____



The InterFaith Leadership Council
of Metropolitan Detroit

Permission Form & Contact Information

Program Permission:

My child _____ has my permission to participate in the 2018 – 2019 Religious Diversity Journeys Program. I am aware that this program involves six field trip days and that my child will be responsible for informing teachers of their absence and completing missed classwork.

Parent Name: _____

Parent Signature: _____

Media Permission:

I consent to my child being photographed and recorded while participating in any of the Religious Diversity Journeys programs. Any images of my child may be used as part of the profile of the InterFaith Leadership Council of Metropolitan Detroit (IFLC). Video or photos may be distributed, transmitted, broadcast, exhibited and/or adopted without remuneration and without time limitation.

Parent Name _____ Parent Signature _____

Lunch:

Lunch will be provided to all participants at each house of faith. Students will bring their own lunch to the 6th Journey. While we make every effort to accommodate dietary needs, we cannot guarantee that food served at each Journey will not contain, or have come into contact with, specific allergens or other foods. If a student needs to bring their own food, please clear this choice with the RDJ Director. In respect of the customs of many of our hosts, all food brought from home must always be vegetarian.

Parent Signature: _____

Emergency Contact:

Name: _____

Phone Number: _____

E-Mail Contact Information:

We will only use this information to e-mail Journey related information. The InterFaith Leadership Council will never share this information with any other organization or individual.

Parent: e-mail: _____

Your Child's e-mail: _____

Transportation:

Some students will travel to each Journey on bus transportation arranged by the school. Other schools ask parent volunteers to drive. My child, if applicable, has permission to drive to and from each Journey with a volunteer adult driver: Yes ___ No ___ If you are available to drive, please complete the attached transportation information sheet. Thank you for your assistance!