

Name _____



The InterFaith Leadership Council
Of Metropolitan Detroit

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: _____