



Office of the Superintendent
 Madison Public Schools
 Madison, CT 06443

School Trip Proposal / Request Form Student International Travel

I / We certify that this trip proposal is in accordance with Madison Public Schools policies #5100.8 and #6100.16.1 and corresponding regulations:

[Signature]
 Signature, Trip Organizer(s)

Trip approved

[Signature] 3-28-24
 Signature, Principal / Assistant Principal Date

[Signature] 3/28/24
 Signature, Superintendent or Designee Date

Trip Denied

Reason: _____

 Signature, Superintendent or Designee Date

International Travel Checklist

- Obtained approval at least six (6) months prior to the trip.
- Submitted list of participating students to Principal and Health Office at least three (3) months prior to the trip.
- Submitted an updated list of participating students to Principal and Health Office one (1) month prior to trip.
- Submitted flight, hotel, charter bus, and airport information one (1) month prior to trip.
- Arranged appropriate number of chaperones and provided orientation
- Clearly explained expectations of students
- Received parent permission forms and emergency medical forms