

Domestic & International Travel and Service Learning Opportunities Application

The Hartford School District and Hartford High School are committed to providing students with opportunities to travel domestically and abroad. As there are many issues and concerns inherent in traveling to destinations both home and overseas, this application is intended to insure that sponsors of these ventures have met certain standards of preparation. Therefore, this document must be completed as the first step in the approval process for all proposed trips. No trip will be recommended for further consideration by the Superintendent without this completed application.

Itinerary

- A. Travel sponsors: _____
- B. Date of application: _____
- C. Travel Destination: _____
- D. Proposed dates(s) of travel: _____
- E. With what company are the arrangements being made? _____
- F. Will the liaisons be on site? _____

Academic Benefits

- A. Discipline(s) supported by the proposed travel: (Preference will be given to trips that support more than one discipline.) _____
- B. Ends Policies through travel and service learning: (Identify the Hartford School District Ends Policies that are supported through this travel and service learning experience.)

- C. Academic expectations: Identify, and include as an attachment if needed, instructional materials that students will be exposed to in preparation for the experience, please be specific:
 - a. Books: _____
 - b. Articles: _____
- D. Every approved travel and service learning experience will require the participants to reflect and share their experience. Please consider way(s) participants may complete this requirement upon their return: _____

Student Selection

- A. What publicity/advertising has been done to inform the student body of this opportunity? _____
- B. By what process were students selected? _____

- C. How many will be involved in this trip? _____

Student Commitments

- A. What is the projected cost per student? _____
- B. Is any or all of the money refundable? _____
- C. Will there be any group fund raising? If yes, what kind? _____

Feedback from HHS administrators: _____

_____ Approved (Application sent along to the Superintendent's office)

_____ Not Approved (see above administrative comments)

_____ Needs additional information

Principal's signature/date

Superintendent's signature/date