



THE NEW YORK CITY DEPARTMENT OF EDUCATION

TEACHER NAME(S) _____

SUBJECT: AUTHORIZATION FORM (OUT OF CITY/STATE; OVERNIGHT TRIPS AND INTERNATIONAL TRIPS)

PLEASE CHECK BELOW TO REQUEST APPROVAL FOR THE FOLLOWING CLASS TRIP:

- Out of City/Out of State Trip
- Overnight Trip
- International Trip

School: **Brooklyn Lab School** Class(es) _____

Number of pupils _____ Number of adults/chaperones _____

Departure date and time _____ Return date and time _____

Address and phone number of the trip site _____

Address and phone number of the hotel/overnight facilities _____

The educational purpose of this trip is _____

Please check the mode of transportation for this trip:

Walking trip _____ Free Buses _____ Private Buses _____ Train _____ Airplane _____

Bus/Airline company _____ Phone number _____

For international trips only:

_____ Yes, an emergency medical insurance policy has been purchased for all participants.

_____ Yes, all participants have the proper identification documents necessary to travel.

Principal's Signature _____