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COMMUNITY SCHOOL DISTRICT

SY 26-27

NCSD OVERNIGHT, OUT-OF-STATE OR COUNTRY FIELD TRIP REQUEST FORM

0000134

Date Request Submitted (auto-populated) 12 weeks prior minimum	Date of Request 11/04/2026	Type of Trip: Out of State & Overnight
Dates of Trip	**Leave** 05/13/2027	**Return** 05/15/2027
Number of School Days Missed by Students	1	

TRIP INFORMATION

Requester's Name	Debra Jodoin
Requester's Building	Novi Middle School
Group/Class Traveling	Science Olympiad Novi High School - Novi Middle School - Novi Meadows
Title of Field Trip	National Science Olympiad Tournament
Primary Destination	Ohio State University
Number of Attendees	NCSD Staff Chaperones 1 Non-Staff Chaperones 0 Students 51

Summary of Trip:

If qualified at the State Science Olympiad Tournament, The Novi High School, Novi Middle School and Novi Meadows teams would like to be able to attend the National Science Olympiad Tournament at Ohio State University. The Tournament begins with check in on May 13th for the coach.On Friday, May 14, is team check in and a STEM expo all day. That evening is the parade of schools and an opening ceremony. After the opening ceremony, there is a swap meet for students to swap team memorabilia and meet teams from across the United States and Japan. The students will be accompanied back to their hotel of the families choice for the evening. The competition begins on Saturday May 15 at 7:00am and runs until 3:30pm. We will then have a team dinner, go back to our respective hotels and change into dress clothing for the award ceremony. Awards begin at 7:00pm. Everyone will then head home or back to the hotel of their choice.

CURRICULUM (Required for Curricular Trips)

1.) What are the state standards and/or learning targets that tie into the proposed trip?

2.) Describe the class activities prior to the field trip that will integrate the field trip with the curriculum

3.) Why is the field trip the best way to achieve/reinforce the class learning targets?
4.) What follow-up activities will be used in the classroom/curriculum to assist the students in applying the knowledge gained on this trip?

OVERNIGHT, OUT OF STATE, OR OUT OF COUNTRY FIELD TRIPS

Have you coordinated this trip in the past?	Yes	If yes, when:	05/21/2026
If not, what is the most recent overnight trip you have coordinated? Please describe the destination, group traveling, and date.			
If you have never coordinated an overnight trip, it is required that a chaperone accompanying your group has done so.		Which chaperone has this experience?	

HOTEL ACCOMMODATIONS

Hotel Name If applicable	Individual choice	Address n/a
Contact Name	n/a	Phone # n/a
Link to Hotel: n/a		

***DETAILED ITINERARY REQUIRED TO BE ATTACHED-(WILL COVER IF MORE THAN 1 HOTEL)**

TRANSPORTATION DETAILS

Transportation Method	No Transportation Req'd.

CHARTER BUS INFORMATION

Charter Company	
Confirm the charter is on the MDOT-approved list	
Outside Firm staff member pre-arranged with	
Contact Phone Number of Charter	
Email Address of Above	
Charter Bus Total Cost	

Segment 1 of Travel			
Departure Location Building Name & Address	Individual Family homes	Departure Date & Time	05/14/2027 9:00 AM
Destination Location Building Name & Address	Ohio State University Columbus Ohio	Mileage for Segment 1	
Segment 2 of Travel			
Departure Location Building Name & Address	Ohio State University Columbus Ohio	Departure Date & Time	05/15/2027 9:00 AM
Destination Location Building Name & Address	Individual Family homes	Mileage for Segment 2	
Segment 3 of Travel			
Departure Location Building Name & Address		Departure Date & Time	
Destination Location Building Name & Address		Mileage for Segment 3	
Segment 4 of Travel			
Departure Location Building Name & Address		Departure Date & Time	
Destination Location Building Name & Address		Mileage for Segment 4	

- **NCSD Buses are available from 9:30 to 1:30 for field trips on a regular school day.**
- **The bus must be back in the district no later than 1:30.**

E-Van Being Requested? • 2 adults and 8 students maximum • Transportation staff or teacher driving? • If teacher, mileage costs only. Must complete a Transportation Department form and provide a driver's license. • Maximum round trip: 90 miles due to battery life	NCSD Transportation to confirm availability and requirements during pre-arrangement.

Lift Bus Required	
Special Equipment Required	
Number of Students Using NCSD Vehicle Transportation	
Number of Adults Using NCSD Vehicle Transportation	
Students Per Bus Guideline: K-6: 70 students max MS & HS: 56 students max	Number of Buses Needed: Confirmed by Transportation:
Are drivers' meals, tickets, or fees included? Please specify details.	
Parking facilities on-site? Is there a cost? Are there any other costs?	
Type of trip	
NCSD BUS/VAN COSTS (COMPLETED BY TRANSPORTATION DEPT.)	
TOTAL MILES PER NCSD VEHICLE	
TOTAL HOURS PER NCSD DRIVER	

DRIVER HOURLY FLAT RATE FEE					
Day of the Week	# of Hours Per Vehicle	Fee Per Hour	Per Vehicle Total	X Number of Vehicles	Total Driver Rate
Mon-Fri		$30.00			
Saturday		$45.00			
Sunday		$60.00			
BUS/VAN MILEAGE FEE					
	Fee Per Mile	Number of Miles Per Vehicle		X Number of Vehicles	Total Mileage Cost
Round-trip Mileage	$3.00				
OTHER COSTS (Parking, etc) **If applicable, provide details in notes below.**					
TOTAL NCSD <u>ESTIMATED</u> BUS/VAN COST (MILEAGE FEE + DRIVER HOURLY FEE+ OTHER COSTS)					

Transportation Department Notes:

FIELD TRIP COST SUMMARY PER STUDENT	
EXPENSE: TOTAL ESTIMATED FIELD TRIP PER STUDENT	**$** 500.00
Estimated Expense Total Per Student	**Estimated Amount**
Paid by Students & Families	500.00
Funded by Students During the Trip	0
**Funded by Other Sources	915.00

TOTAL TRIP EXPENSE FUNDING SOURCE: NCSD BUSINESS OFFICE REQUIRED INFORMATION				
Expense Item	**Expense Covered By**	**Account Number or N/A**	**Estimated Amount**	**Budget Review**
NCSD Bus/Van				
Non-NCSD Bus				
Admission Fees	Student Activity	61-296-7920-022-734-0000	$915.00	Reviewed
Food Expense	Other (See below**)	00-000-0000-000-000-0000	$100.00	Reviewed
Sub Expenses Per person/Per day $210 Full Day $112 Half Day	$0 cost	00-000-0000-000-000-0000	0	Reviewed
Hotel Expenses	Other (See below**)	00-000-0000-000-000-0000	400.00	Reviewed
_____ Expenses				

Notes: ** If expenses are covered by “Other”, provide details:
Parents will provide hotel and food for the two days.

APPROVAL TO COLLECT FUNDS		
Anticipated participants (qty)	Amt. Collected per participant ($)	Expected Total Collected
51	0	$ 0.00
Account Name Where Funds will be Deposited		Account Number
Science Club		60-179-0000-022-734-0000
Name of Adult(s) present and responsible for collecting, counting, and turning in money to the school’s financial secretary on the day of sale.		Estimated Date (s) Money will be collected
n/a		n/a

By submitting this field trip form, you agree to collect these funds in compliance with district policies and acknowledge all District policies and procedures will be followed for cash handling and cash procedures.

- I understand that I am personally responsible for all funds collected and for keeping accurate records.
- I will provide all money received along with the name and amount turned in by the student [parent] to the financial secretary daily for deposits.
- I am responsible for completing the Event Balance Sheet and will turn in all records to the financial secretary within 5 school days of the money collection date.
- Collected monies are to be deposited a minimum of 5 business days prior to expenditures being paid out.

CHAPERONE INFORMATION

NCSD STAFF CHAPERONES - NUMBER EXPECTED: 1 _____ COMPLETE INFO. BELOW

	Last Name	First Name	Cell Phone Number	Home Building	Sub Required? IF YES, CHAPERONE MUST REQUEST SUB IN RED ROVER
1	Jodoin	Debra		Novi Middle School	No
2					
3					
4					
5					
6					
7					
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12					
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Notes:

LINKS / ITEMS NEEDED TO PROCESS		
Links / Documents	When Needed	Process
NCSD Field Trip Permission Form - dj	Required for • All field trips. Completed, unsigned version required to process this request.	1. Choose a form option a. Digital Form b. Paper Form 2. Update with event details. 3. Attach an unsigned, updated form at the end of this process (scroll all the way to the bottom). If using the digital form, simply upload a document with the link you are sharing with families.
Detailed Itinerary dj	Required for: • All overnight, out of state or out of country field trips.	No required format. Must be attached at the end of this process (scroll all the way to the bottom).
Chaperone & Volunteer Non-Employment Background Request (ICHAT) dj	Required for: • All NON-NCSD chaperones	Please follow district guidelines found at link including allow 3 business days for your submission to be processed.
NCSD Health Forms dj	Required for all students: • Emergency Medical Release Form • Authorization for Administering Over-The-Counter Medication Required for students bringing Medications: • Medication Procedure Letter	Medication Instructions for Overnight Field Trips All forms must be reviewed by district nurses at least two weeks prior to the trip. dj
Student & Chaperone Rules and Responsibilities dj	Required for: • All overnight, out-of-state or out-of-country field trips.	Attach the NCSD Overnight, Out of State or Out of Country Rules and Responsibilities to the permission slip when distributing. (already linked in the digital form). Ensure that all chaperones have reviewed the chaperone responsibilities.
dj **RETAINING RECORDS AFTER THE TRIP:** Health forms, itineraries, proof of insurance, driver information, permission slips, transportation request forms, and trip mileage or any other information documenting the student trips must be retained (by the trip sponsor) for the remainder of the school year PLUS one additional year and then may be shredded.		
For More Details Please Review the NCSD Overnight, Out of State, Out of Country Field Trip Procedure		

APPROVAL PROCESS			
Staff Member	**Signature**	**Date**	**Action**
Requester's Signature	Debra Jodoin ~~Debra Jodoin [11/04/2026 9:13am EST]~~	11/04/2026	**Submitted**
Transportation Dept. Prearrangement & Costs			**Prearrangement Reviewed**
Notes			
Requester Routes to Sponsoring Admin			**Routed (Used only if NCSD Transportation Requested)**
Sponsoring Administrator of Trip	Robert J Baker Robert J Baker [11/04/2026 9:25am EST]	11/04/2026	Reviewed, okay to proceed.
Notes:			
Building Administrator	Nicole Carter ~~Nicole Carter [11/04/2026 9:36am EST]~~	11/04/2026	Reviewed, okay to proceed
Notes:			
Budget Review	Mary Warra Mary Warra [11/05/2026 7:48am EST]	11/05/2026	Reviewed, okay to proceed.
Notes:			
Director of Elementary			
Notes:			
Director of Secondary	Marci Augenstein Marci Augenstein [11/05/2026 1:57pm EST]	11/05/2026	Reviewed, okay to proceed
Notes:			
Asst. Superintendent Teaching & Learning	Michael Giromini Michael Giromini [11/05/2026 2:00pm EST]	11/05/2026	Reviewed, okay to proceed
Notes:			
Proposed Overnight, Out of State/Country Trip Executive Assistant, Superintendent & Board of Education	Deborah Beeker Deborah Beeker [11/05/2026 2:25pm EST]	11/05/2026	**Expected Board Info/Discussion** 11/12/2026 **Expected Action for Approval** 11/12/2026
Notes:			
Board of Ed Decision			**Board of Education Decision**
Notes:			
Director of NCSD Transportation			
Notes:			
Completed form automatically copies the Transportation Secretary and Supervisor of Medical Services			