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COMMUNITY SCHOOL DISTRICT

SY 26-27

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

0000129

Date Request Submitted (auto-populated) 12 weeks prior minimum	**Date of Request** 10/28/2026	**Type of Trip:** Out of State & Overnight
Dates of Trip	**Leave** 02/18/2027	**Return** 02/21/2027
Number of School Days Missed by Students	2 days	

TRIP INFORMATION

Requester's Name	Kealani Tapp
Requester's Building	Novi High School
Group/Class Traveling	Novi Model United Nations
Title of Field Trip	Model United Nations of the University of Chicago (MUNUC)
Primary Destination	Chicago, IL
Number of Attendees	NCSD Staff Chaperones 1 Non-Staff Chaperones 0 Students 16

Summary of Trip:

MUNUC would be the first out-of-state conference Novi MUN has attended.The students are incredibly excited about the possibility of being part of one of the world's largest high school conferences. At the University of Chicago conference, students will simulate the United Nations by role playing countries or characters as they grapple with pressing geopolitical events facing our world. Students will continue to develop their skills in the areas of reading, writing, researching, networking, and public speaking as they collaborate with over 2,500 other delegates from around the nation.The cost of the trip is $250 which covers conference registration and hotel expenses. Students will pay by check and funds will be collected from October 4th to October 13th. Funds will immediately be submitted to Mary Warra in person or via drop box in the high school mail room. Students are recommended to bring another $150 with them on the trip to cover their meals. Students and their families will be responsible for booking their Amtrak tickets from the Ann Arbor station to Chicago Union Station ($40) and back ($114)

CURRICULUM (Required for Curricular Trips)

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

N/A

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

N/A

3.) Why is the field trip the best way to achieve/reinforce the class learning targets?

N/A

4.) What follow-up activities will be used in the classroom/curriculum to assist the students in applying the knowledge gained on this trip?

N/A

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

Have you coordinated this trip in the past?	No	If yes, when:	

If not, what is the most recent overnight trip you have coordinated? Please describe the destination, group traveling, and date.

I helped coordinate the Novi MUN trip to Model United Nations of the University of Michigan taking place on January 15-19, 2027.

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?	Kealani Tapp

HOTEL ACCOMMODATIONS

Hotel Name If applicable	Hilton Chicago	Address	720 S Michigan Ave, Chicago, IL 60605
Contact Name	Jennifer Hughes	Phone #	8333149067

Link to Hotel: https://www.hilton.com/en/hotels/chichhh-hilton-chicago/

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

TRANSPORTATION DETAILS

Transportation Method	Non-NCSD Transportation

CHARTER BUS INFORMATION

Charter Company	Amtrak
Confirm the charter is on the MDOT-approved list	N/A
Outside Firm staff member pre-arranged with	N/A
Contact Phone Number of Charter	800-231-2222
Email Address of Above	https://www.amtrak.com/contact-us/email
Charter Bus Total Cost	$154 (may fluctuate based on market rates)

Segment 1 of Travel			
Departure Location Building Name & Address	Ann Arbor Amtrak Station, 325 Depot St, Ann Arbor, MI 48104	Departure Date & Time	02/18/2027 10:20 AM
Destination Location Building Name & Address	Chicago Hilton, 720 South Michigan Ave, Chicago, IL 60605	Mileage for Segment 1	
Segment 2 of Travel			
Departure Location Building Name & Address	Chicago Union Station, 225 South Canal St, Chicago, IL 60606	Departure Date & Time	02/21/2027 4:00 PM
Destination Location Building Name & Address	Ann Arbor Amtrak Station, 325 Depot St, Ann Arbor, MI 48104	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	**$** $554
Estimated Expense Total Per Student	**Estimated Amount**
Paid by Students & Families	$154
Funded by Students During the Trip	$150
**Funded by Other Sources	$250

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	Other (See below**)	00-000-0000-000-000-0000	$2464	Reviewed
Admission Fees	Student Activity	61-296-7920-022-671-0000	$1280	Reviewed
Food Expense	Other (See below**)	00-000-0000-000-000-0000	$2400	Reviewed
Sub Expenses Per person/Per day $210 Full Day $112 Half Day	Student Activity	61-296-7920-022-671-0000	$420	Reviewed
School Fee Expenses	Student Activity	61-296-7920-022-671-0000	$200	Reviewed
Lodging Expenses	Student Activity	61-296-7920-022-671-0000	$2460	Reviewed
Notes: ** If expenses are covered by “Other”, provide details: Covered by students/families.				

APPROVAL TO COLLECT FUNDS		
Anticipated participants (qty)	Amt. Collected per participant ($)	Expected Total Collected
16	$250	$ 4,000.00
Account Name Where Funds will be Deposited		Account Number
Model UN		60-179-0000-022-671-0000
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
Kealani Tapp		11/4-11/13

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	Tapp	Kealani		Novi High School	Yes
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Notes:

LINKS / ITEMS NEEDED TO PROCESS		
Links / Documents	When Needed	Process
NCSD Field Trip Permission Form - KT	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 KT	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) KT	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 KT	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. KT
Student & Chaperone Rules and Responsibilities KT	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.

KT **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	Kealani Tapp Kealani Tapp [10/28/2026 4:35pm EDT]	10/28/2026	**Submitted**
Transportation Dept. Prearrangement & Costs			**Prearrangement Reviewed**
Notes			
Requester Routes to Sponsoring Admin			**Routed (Used only if NCSD Transportation Requested)**
Sponsoring Administrator of Trip	Michelle Eathorne Michelle Eathorne [10/29/2026 10:00am EDT]	10/29/2026	Reviewed, okay to proceed.
Notes:			
Building Administrator	Michelle Eathorne Michelle Eathorne [11/05/2026 3:18pm EST]	11/05/2026	Reviewed, okay to proceed
Notes:			
Budget Review	Mary Warra Mary Warra [11/06/2026 9:49am EST]	11/06/2026	Reviewed, okay to proceed.
Notes:			
Director of Elementary			
Notes:			
Director of Secondary	Marci Augenstein Marci Augenstein [11/06/2026 1:43pm EST]	11/06/2026	Reviewed, okay to proceed
Notes:			
Asst. Superintendent Teaching & Learning	Michael Giromini Michael Giromini [11/06/2026 2:20pm EST]	11/06/2026	Reviewed, okay to proceed
Notes:			
Proposed Overnight, Out of State/Country Trip Executive Assistant, Superintendent & Board of Education	Deborah Beeker Deborah Beeker [11/06/2026 2:35pm EST]	11/06/2026	**Expected Board Info/Discussion** 11/12/2026 **Expected Action for Approval** 12/10/2026
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			