



SY 25-26

0000042

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

<b>Date Request Submitted (auto-populated)</b> 12 weeks prior minimum	<b>Date of Request</b> 01/28/2025	<b>Type of Trip:</b> Overnight
<b>Dates of Trip</b>	<b>Leave</b> 08/11/2025	<b>Return</b> 08/14/2025
<b>Number of School Days Missed by Students</b>	None (before school begins)	

### TRIP INFORMATION

<b>Requester's Name</b>	Garret Zuk	
<b>Requester's Building</b>	Novi High School	
<b>Group/Class Traveling</b>	HS Boys and Girls Cross Country	
<b>Title of Field Trip</b>	Cross Country Team Camp	
<b>Primary Destination</b>	Miracle Camp & Retreat Center	
<b>Expected Chaperone Numbers</b>	NCSD Staff Chaperones 2	Non-Staff Chaperones TBD

**Summary of Trip:**

Our boys and girls cross country teams will travel to Miracle Camp for a 4 day / 3 night team camp, where they will engage in distance running, team bonding, goal setting, and of course.... lots of fun :)

### 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?

Yes

If yes, when:

08/12/2024

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

In addition to XC Team Camp, I was also a chaperone / coordinator for the Spanish department Argentina and Costa Rica spring break trips, as well as a HOSA States overnight trip

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?

N/A

### HOTEL ACCOMMODATIONS

Hotel Name  
If applicable

Miracle Camp & Retreat Center

Address 25281 80th Ave, Lawton, MI  
49065

Contact Name

Laura Hadden

Phone # 269-624-6161 ext 101

Link to Hotel: <https://www.miraclecamp.com/>

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

## TRANSPORTATION DETAILS

<b>Must be contacted for pre-arrangements.</b>  <b>Requirements: 12 weeks prior</b>	Date contacted/prearranged	01/28/2025
	Transportation Provider If charter bus, confirm on <a href="#">MDOT approved list</a>	NCSD
	Contact Person	Cindy Valentine
	Contact Phone Number	
	Email Address	
Does the bus need to stay?		No
Lift Bus Required?		No
Special Equipment Required:		No
Number of Students Attending		50

TRAVEL FROM SCHOOL TO FIELD TRIP DESTINATION			
Departure Location Building Name & Address	Novi High School 24062 Taft Rd Novi MI 48375	Departure Date & Time	08/11/2025  9:00 AM
Destination Location Building Name & Address	Miracle Camp 25281 80th Ave, Lawton, MI 49065	Arrival Time	11:30 AM
RETURN TRAVEL FROM FIELD TRIP TO SCHOOL			
Departure Location Building Name & Address	Miracle Camp 25281 80th Ave, Lawton, MI 49065	Departure Date & Time	08/14/2025  12:00 PM
Destination Location Building Name & Address	Novi High School 24062 Taft Rd Novi MI 48375	Arrival Time	2:30 PM
<b>Notes:</b>			

## FIELD TRIP COSTS

### NCSD BUS TRANSPORTATION COSTS

Bus trip to the destination	9:00 AM	End Time	11:30 AM	Hours	2.50
Bus trip returning to school	12:00 PM	End Time	2:30 PM	Hours	2.50
<b>TOTAL HOURS</b>					5.00
Mileage from NCSD Bus Garage at 45505 11 Mile, Novi, MI 48374 to field trip destination					138
Mileage from field trip destination back to school					138
<b>TOTAL ROUND TRIP MILES</b>					276.00

### HOURLY FLAT RATE FEE

Day of the Week	Number of Hours	Fee Per Hour	Per Bus Total	Number of Buses	Total Flat Rate
Mon-Fri	5	\$30.00	150.00	2	300.00
Saturday		\$45.00			
Sunday		\$60.00			

### MILEAGE FEE

	Fee Per Mile	Number of Miles	Number of Buses	Total Mileage
Round-trip Mileage	\$3.00	276.00	2	1,656.00

**TOTAL NCSD BUS COST      \$    1,956.00**

Are drivers' meals, tickets, or fees included? Please specify details.  
No

Parking facilities on-site? Is there a cost?  
Bus parking is available, no cost

Other important information about NCSD Bus Cost:  
This cost reflects the drop off day (Monday). Cost will need to be doubled for the pick up day (Thursday).

## FIELD TRIP COST SUMMARY **PER STUDENT**

<b>Total Estimated Cost Per Student</b>		\$ 370.00
<b>Estimated Total <b>Per Student</b></b>		<b>Expense Description (what is included)</b>
Paid by Students & Families	\$350.00	Transportation, Lodging, Meals, Activities
Supplied by Students During the Trip	\$20.00	Snacks / Gift Shop, if desired
Covered By Other Funding Sources*	\$0.00	N/A
*List other funding sources (grant names etc.)	N/A	

NCSD BUSINESS OFFICE INFO NEEDED:	Expense Item	Account Name to be charged	Account Number	Amount
	Remaining Camp Fee	Boys / Girls XC SA accounts	61-296-7920-022-808-0000	\$9,724.00

Notes: Check request submitted for initial deposit (\$2431) on 1/28/25

## APPROVAL TO COLLECT FUNDS

Anticipated participants (qty)	Amt. Collected per participant (\$)	Expected Total Collected
50	\$350	\$ 17,500.00
Account Name Where Funds will be Deposited		Account Number
Boys / Girls XC SA accounts (60-179-0000-022-808-0000 and 60-179-0000-022-809-0000)		60-179-0000-022-808-0000
Name of Adult(s) present and responsible for collecting, counting, and turning in money to the school's financial secretary the day of sale.		Estimated Date (s) Money will be Collected
Garret Zuk		August 6th, 2025

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.
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- 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 to be deposited a minimum of 5 business days prior to expenditures being paid out.

## LINKS / ITEMS NEEDED TO PROCESS

Links / Documents	When Needed	Process
<b>NCSD Field Trip Permission Form -</b>  GZ	Required for <ul style="list-style-type: none"> <li>All field trips. Completed, unsigned version required to process this request.</li> </ul>	<ol style="list-style-type: none"> <li>Choose a form option <ol style="list-style-type: none"> <li><a href="#">Digital Form</a></li> <li><a href="#">Paper Form</a></li> </ol> </li> <li>Update with event details.</li> <li>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.</li> </ol>
<b>Detailed Itinerary</b>  GZ	Required for: <ul style="list-style-type: none"> <li>All overnight, out of state or out of country field trips.</li> </ul>	No required format. Must be attached at the end of this process (scroll all the way to the bottom).
<b>Chaperone &amp; Volunteer Non-Employment Background Request (<a href="#">ICHAT</a>)</b>  GZ	Required for: <ul style="list-style-type: none"> <li>All NON-NCSD chaperones</li> </ul>	Please follow district guidelines found at <a href="#">link</a> including allow 3 business days for your submission to be processed.
<b>NCSD Health Forms</b>  GZ	Required for all students: <ul style="list-style-type: none"> <li><a href="#">Emergency Medical Release Form</a></li> <li><a href="#">Authorization for Administering Over-The-Counter Medication</a></li> </ul> Required for students bringing Medications: <ul style="list-style-type: none"> <li><a href="#">Medication Authorization Form</a></li> <li><a href="#">Medication Form- Self Administer</a></li> </ul>	<a href="#">Medication Instructions for Overnight Field Trips</a>
<b>Student &amp; Chaperone Rules and Responsibilities</b>  GZ	Required for: <ul style="list-style-type: none"> <li>All overnight, out of state or out of country field trips.</li> </ul>	Attach the <a href="#">NCSD Overnight, Out of State or Out of Country Rules and Responsibilities</a> to the permission slip when distributing. (already linked in the digital form).  Ensure that all chaperones have reviewed the chaperone responsibilities.
For More Details Please Review the <a href="#">NCSD Overnight, Out of State, Out of Country Field Trip Procedure</a>		

## APPROVAL PROCESS

Staff Member	Signature	Date	Action
<b>Requester's Signature</b>	<u>Garret Zuk</u> <small>Garret Zuk [01/28/2025 8:36am EST]</small>	01/28/2025	<b>Submitted</b>
<b>Sponsoring Administrator of Trip</b>	<u>Don Watchowski</u> <small>Don Watchowski [01/28/2025 12:16pm EST]</small>	01/28/2025	Reviewed, Denied
Notes:			
<b>Building Administrator</b>	<u>Nicole Carter</u> <small>Nicole Carter [03/21/2025 11:02am EDT]</small>	03/21/2025	Reviewed, okay to proceed
Notes:			
<b>Building Budget Admin. Asst. Review</b>	<u>Barbara McDougall</u> <small>Barbara McDougall [03/21/2025 2:35pm EDT]</small>	03/21/2025	Reviewed, okay to proceed.
Account number(s) provided have been reviewed and are accurate. Yes Notes:			
<b>Director of Transportation Only if NCSD Bus used</b>	<u>Cynthia Valentine</u> <small>Cynthia Valentine [03/24/2025 5:43am EDT]</small>	03/24/2025	
Notes: Dir. of Transp. Will be cc'd after board review if request is denied and using NCSD Bus.			
<b>Director of Instruction</b>	<u>Emily Parker Pohlonski</u> <small>Emily Parker Pohlonski [03/24/2025 8:15am EDT]</small>	03/24/2025	Reviewed, okay to proceed
Notes:			
<b>Asst. Superintendent Teaching &amp; Learning</b>	<u>Michael Giromini</u> <small>Michael Giromini [03/24/2025 8:24am EDT]</small>	03/24/2025	Reviewed, okay to proceed
Notes:			
<b>Proposed Overnight, Out of State/Country Trip</b> Executive Assistant, Superintendent & Board of Education	<u>Sheila Holly</u> <small>Sheila Holly [03/24/2025 9:08am EDT]</small>	03/24/2025	Expected Board Review Date  04/24/2025
Notes: This trip will go onto the Consent Agenda for approval.			
<b>Board of Ed Decision</b>			Remember to CC Director of Transportation if Denied & Using NCSD Bus.
All completed forms automatically cc'd to: SUPERVISOR OF MEDICAL SERVICES		Board of Education Decision:	

# **XC Team Camp 2025:**

## Parent Permission Slip Google Form

QR Code:



- OR -

Link:

<https://forms.gle/CMNngw57eueWcFgH8>



*2025 Novi XC Team Camp*  
*Anticipated Itinerary*

**Monday August 11th:**

9:00am - Depart Novi HS  
11:30am - Arrive at Miracle Camp  
12:00pm - Lunch  
2:00pm - Practice  
4:00pm - Free Time  
6:00pm - Dinner  
7:00pm - Team Building, then free time  
10:00pm - Lights Out

**Tuesday August 12th:**

8:00am - Breakfast  
9:30am - Practice  
12:00pm - Lunch  
1:00 - Camp Activities (Swim, Zipline, High Ropes, Archery, etc)  
4:00pm - Free Time  
6:00pm - Dinner  
7:00pm - Goal Setting, then free time  
10:00pm - Lights Out

**Wednesday August 13th:**

(Similar to Tuesday!)

**Thursday August 14th:**

8:00am - Breakfast  
9:30am - Practice  
11:00 - Clean, pack up, lunch  
12:00pm - Depart Miracle Camp  
2:30pm - Arrive at Novi HS

## *2025 Novi XC Team Camp Informational Packet*

Dear XC Parent/Guardian,

We are beyond excited for our second annual XC Team Camp! The following packet outlines all of the important information and paperwork necessary for your athlete to attend camp.

**Dates:**

Monday August 11th - Thursday August 14th

**Location:**

Miracle Camp & Retreat Center  
25281 80th Ave, Lawton, MI 49065

**Chaperones: (*more to be added!*)**

Boys XC Coach: Brad Moore

Girls XC Coach: Garret Zuk

**Cost:** \$350 / athlete, payable in cash, or via check made out to Novi Athletics

**Paperwork Due Date:** All of the following paperwork must be turned in NO LATER than Monday, August 4th, one week prior to our departure.

- 1) Camp fee
- 2) Google Form Parent Permission Slip
- 3) Emergency Medical Release
- 4) OTC Medication Authorization Form
- 5) Approved annual physical on Final Forms

Additionally, any athlete that will need a prescribed medication during our stay at camp will need to fill out the other two medical forms as well.