



SY 24-25

0000026

## 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> 09/24/2024	<b>Type of Trip:</b> Overnight
<b>Dates of Trip</b>	<b>Leave</b> 01/02/2025	<b>Return</b> 01/05/2025
<b>Number of School Days Missed by Students</b>	0	

### TRIP INFORMATION

Requester's Name	Anthony Lietz	
Requester's Building	Novi High School	
Group/Class Traveling	Novi Varsity Ice Hockey	
Title of Field Trip	U.P. Trip - NVIH	
Primary Destination	Hancock and Houghton, MI	
Expected Chaperone Numbers	NCSD Staff Chaperones 2	Non-Staff Chaperones 2-3

**Summary of Trip:**

This is the annual trip to the upper peninsula -- Novi will be competing against both Hancock and Houghton High School on 1/3/25 & 1/4/25. The team will bond over winter break and traveling together, spending time at the hotel while competing in MHSAA Ice Hockey Competitions and experiencing the U.P.

### CURRICULUM (Required for Curricular Trips)

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

### 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.

West Side Trip - NVIH

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

Address

Contact Name

Phone #

Link to Hotel: More than 1 hotel

**\*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	
	Transportation Provider If charter bus, confirm on <a href="#">MDOT approved list</a>	
	Contact Person	Tammy Callahan
	Contact Phone Number	810-686-4287 ext 1303
	Email Address	tammy@bluelakes.com
Does the bus need to stay?	Yes	
Lift Bus Required?	No	
Special Equipment Required:	No	
Number of Students Attending	18	

### TRAVEL FROM SCHOOL TO FIELD TRIP DESTINATION

Departure Location Building Name & Address	Novi Ice Arena - 42400 Nick Lidstrom Dr, Novi, MI 48375	Departure Date & Time	01/02/2025  7:00 AM
Destination Location Building Name & Address	Hancock, MI	Arrival Time	5:30 PM

### RETURN TRAVEL FROM FIELD TRIP TO SCHOOL

Departure Location Building Name & Address	Houghton, MI	Departure Date & Time	01/05/2025  7:00 AM
Destination Location Building Name & Address	Novi Ice Arena - 42400 Nick Lidstrom Dr, Novi, MI 48375	Arrival Time	5:00 PM

**Notes:**

Timeline and Full Itinerary are being worked on to reflect this year's schedule. We have a quote from Blue Lakes Charter and Liz Szlaga is working on locking in hotels for our trip. These funds will be factored into our team's ice bill for the season.

## FIELD TRIP COSTS

### NCSD BUS TRANSPORTATION COSTS

Bus trip to the destination		End Time		Hours	
Bus trip returning to school		End Time		Hours	
<b>TOTAL HOURS</b>					
Mileage from NCSD Bus Garage at 45505 11 Mile, Novi, MI 48374 to field trip destination					
Mileage from field trip destination back to school					
<b>TOTAL ROUND TRIP MILES</b>					

### 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		\$30.00			
Saturday		\$45.00			
Sunday		\$60.00			

### MILEAGE FEE

	Fee Per Mile	Number of Miles	Number of Buses	Total Mileage
Round-trip Mileage	\$3.00			

**TOTAL NCSD BUS COST      \$**

Are drivers' meals, tickets, or fees included? Please specify details.

Parking facilities on-site? Is there a cost?

Other important information about NCSD Bus Cost:

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

<b>Total Estimated Cost Per Student</b>		\$ 931.25
<b>Estimated Total <b>Per Student</b></b>		<b>Expense Description (what is included)</b>
Paid by Students & Families	931.25	Hotel, Charter Bus, Meals, Practice Ice
Supplied by Students During the Trip	0.00	Not Applicable
Covered By Other Funding Sources*	0.00	Not Applicable
*List other funding sources (grant names etc.)		Price is factored into player ice bill for the season.

	Expense Item	Account Name to be charged	Account Number	Amount
<b>NCSD BUSINESS OFFICE INFO NEEDED:</b>	Hockey SA	Hockey SA	6129679200228110000	0.00

Notes:

## APPROVAL TO COLLECT FUNDS

Anticipated participants (qty)	Amt. Collected per participant (\$)	Expected Total Collected
18	931.25	<b>\$ 16,762.50</b>
Account Name Where Funds will be Deposited		Account Number
Ice Hockey - SA		612967920000228110000
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
Gabe Lelli - Parent Support Group (Finances)		10/24/24-11/05/24

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
<p><b>NCS D Field Trip Permission Form -</b></p> <p>AL</p>	<p>Required for</p> <ul style="list-style-type: none"> <li>• <u>All</u> field trips. Completed, unsigned version required to process this request.</li> </ul>	<ol style="list-style-type: none"> <li>1. Choose a form option               <ol style="list-style-type: none"> <li>a. <a href="#">Digital Form</a></li> <li>b. <a href="#">Paper Form</a></li> </ol> </li> <li>2. Update with event details.</li> <li>3. <b>Attach an unsigned, updated form at the end of this process (scroll all the way to the bottom).</b> If using the digital form, simply upload a document with the link you are sharing with families.</li> </ol>
<p><b>Detailed Itinerary</b></p> <p>AL</p>	<p>Required for:</p> <ul style="list-style-type: none"> <li>• All overnight, out of state or out of country field trips.</li> </ul>	<p>No required format.  <b>Must be attached at the end of this process (scroll all the way to the bottom).</b></p>
<p><b>Chaperone &amp; Volunteer Non-Employment Background Request (<a href="#">ICHAT</a>)</b></p> <p>AL</p>	<p>Required for:</p> <ul style="list-style-type: none"> <li>• <u>All</u> NON-NCS D chaperones</li> </ul>	<p>Please follow district guidelines found at <a href="#">link</a> including allow 3 business days for your submission to be processed.</p>
<p><b>NCS D Health Forms</b></p> <p>AL</p>	<p>Required for all students:</p> <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> <p>Required for students bringing Medications:</p> <ul style="list-style-type: none"> <li>• <a href="#">Medication Authorization Form</a></li> <li>• <a href="#">Medication Form- Self Administer</a></li> </ul>	<p><a href="#">Medication Instructions for Overnight Field Trips</a></p>
<p><b>Student &amp; Chaperone Rules and Responsibilities</b></p> <p>AL</p>	<p>Required for:</p> <ul style="list-style-type: none"> <li>• All overnight, out of state or out of country field trips.</li> </ul>	<p>Attach the <a href="#">NCS D Overnight, Out of State or Out of Country Rules and Responsibilities</a> to the permission slip when distributing. (already linked in the digital form).</p> <p>Ensure that all chaperones have reviewed the chaperone responsibilities.</p>
<p style="text-align: center;"><b>For More Details Please Review the <a href="#">NCS D Overnight, Out of State, Out of Country Field Trip Procedure</a></b></p>		

## APPROVAL PROCESS

Staff Member	Signature	Date	Action
<b>Requester's Signature</b>	<u>Anthony Lietz</u> <small>Anthony Lietz [09/24/2024 11:31am PDT]</small>	09/24/2024	<b>Submitted</b>
<b>Sponsoring Administrator of Trip</b>	<u>Don Watchowski</u> <small>Don Watchowski [11/13/2024 8:24am PST]</small>	11/13/2024	Reviewed, okay to proceed.
Notes:			
<b>Building Administrator</b>	<u>Nicole Carter</u> <small>Nicole Carter [11/13/2024 8:28am PST]</small>	11/13/2024	Reviewed, okay to proceed
Notes:			
<b>Building Budget Admin. Asst. Review</b>	<u>Barbara McDougall</u> <small>Barbara McDougall [11/13/2024 3:54pm PST]</small>	11/13/2024	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>			
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 [12/02/2024 7:39am PST]</small>	12/02/2024	Reviewed, okay to proceed
Notes: Added field trip form from Don W			
<b>Asst. Superintendent Teaching &amp; Learning</b>	<u>Michael Giromini</u> <small>Michael Giromini [12/02/2024 7:40am PST]</small>	12/02/2024	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 [12/02/2024 7:49am PST]</small>	12/02/2024	Expected Board Review Date  12/19/2024
Notes:			
<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:	



12154 N. Saginaw Road  
Clio, Michigan 48420  
Phone: 810-686-4287  
Fax: 810-440-1792  
Toll Free: 800-282-4287  
Website: [www.bluelakes.com](http://www.bluelakes.com)  
Email: [info@bluelakes.com](mailto:info@bluelakes.com)

**Charter Quote**

Date: **09/04/24**  
Quote No. : **295102**

Liz Szlaga  
Novi High School  
25345 Taft Rd  
Novi MI 48374

SalesRep: **Tammy Callahan**  
Order Date: **09/04/24**  
Phone: **248-361-0478**  
Contact Phone: **248-361-0478**  
Customer ID: **NoviHS**

Thank you for contacting **Blue Lakes Charters and Tours**. We hope this Quote will be acceptable for your trip on **Thursday, January 2, 2025**. This quote is good for **14** days, after which circumstances could require us to change it. To accept this quote please call, e-mail or fax back to our office asap for availability. Thank you for considering **Blue Lakes Charters and Tours**.

All of our 56 and 34 Passenger Coaches are equipped with 110 outlets, restrooms, comfortable reclining seats, foot rests, air conditioning, public address system, individual reading lights, CD player, and DVD system complete with monitors throughout the coach. \*See website for details. We are licensed by both The Michigan Department of Transportation and The Interstate Commerce Commission. We carry \$5 million in liability insurance.

Group Name: **Novi Varsity Hockey**

Group Leader: **Liz Szlaga**

Leave Date: **Thursday, January 02, 2025**

Return Date: **Sunday, January 05, 2025**

Load Time: **7:00 am** Leave Time: **7:30 am**

Return Time: **5:00 pm**

Pickup: **Novi, MI 48375**

Destination: **Houghton & Marquette, MI**

Location: **Novi Ice Arena, 42400 Nick Lidstrom Dr**

Details:

Description	# Coaches	Qty	Rate	Charge
56 Passenger Coach Round Trip	1	1.00	\$8,150.00	\$8,150.00
Driver Gratuity is not included in the price	1	1.00	\$0.00	\$0.00
Credit card convenience fee (+3.75% of charge)	1			\$0.00

Transport Charge: **\$8,150.00**

\*\*\*CUSTOMER IS RESPONSIBLE FOR BUS DRIVER'S LODGING - ONE SINGLE HOTEL ROOM PER DRIVER AND ANY APPLICABLE BUS PARKING FEES\*\*\*

Please Note: to meet our commitment to safety, all itineraries must be compliant with Department of Transportation rules and regulations and must allow drivers at least 9 hours off each night and no more than 15 hours on duty during any 24 hour period.

Thanks again,  
**Tammy Callahan**  
810-686-4287 1303  
[tammy@bluelakes.com](mailto:tammy@bluelakes.com)

**\*\* THIS IS NOT A CONTRACT \*\***

At this time, there is currently no coach being reserved for this quote. Please call our office ASAP to confirm your charter with us.

You acknowledge that you understand and agree to the terms and conditions by visiting the following site:



12154 N. Saginaw Road  
Clio, Michigan 48420  
Phone: 810-686-4287  
Fax: 810-440-1792  
Toll Free: 800-282-4287  
Website: [www.bluelakes.com](http://www.bluelakes.com)  
Email: [info@bluelakes.com](mailto:info@bluelakes.com)

**Charter Quote**

Date: **09/04/24**  
Quote No. : **295102**

[www.bluelakes.com/termsandconditions.html](http://www.bluelakes.com/termsandconditions.html). You are also required to inform your group that Federal Law mandates passengers remain seated while the motorcoach is in motion.

*We appreciate your business with us, see you soon!!!*





[https://docs.google.com/forms/d/e/1FAIpQLSds9\\_fCTn6jnaM6WTFYC6kfrmdiCA9DqBgGdoqc\\_tLGVCb5XA/viewform](https://docs.google.com/forms/d/e/1FAIpQLSds9_fCTn6jnaM6WTFYC6kfrmdiCA9DqBgGdoqc_tLGVCb5XA/viewform)