

## Lake Orion Community Schools Interoffice Memo

from the Office of the Assistant Superintendent of Teaching and Learning

To: Heidi Mercer, Superintendent

**From:** Drew Towlerton

Assistant Superintendent of Teaching and Learning

**Date:** June 15, 2025

**RE:** Overnight Field Trip Request

Attached please find the following overnight field trip request for Board approval:

Name of Group: DECA 9-12 Location: Huntington Place

Street Address: 1 Washington Boulevard

City, State, Zip: Detroit MI 48226

Students: TBD (Unknown at this time how many students will qualify)

Chaperones: 3-4

Date(s) of trip: March 5 thru March 7, 2026

Days missed: 2

Staff/Trip Leader: Teresa Snyder



## FIELD TRIP AND TRANSPORTATION **REQUEST FORM**

(	Check if Board Approval is Needed.
T	Overnight
ı	Out of State
ı	□ CTE
ı	☐ International
-	
Ľ	Date Approved

CALL PAM KING (ext. 2901) IN TRANSPORTATION TO CONFIRM AVAILABILITY OF BUS SERVICE BEFORE SCHEDULING.

- For DAYTIME field trips, send completed form to the Office of the Assistant Superintendent of Teaching and Learning office five working days prior to departure.
- OUT-OF-STATE field trips must be approved by the Board of Education 60 days prior to departure.
- IN-STATE, overnight field trips must be approved by the Board of Education 30 days prior to departure.
- International field trips must be approved by the Board of Education no later than October of the year prior to the trip (e.g. October 2025 for the 2026-27 school year.)
- All requests are to be submitted to the Office of the Assistant Superintendent of Teaching and Learning 10 days prior to the Board meeting when approval will be sought.
- Upon approval, the Assistant Superintendent will forward the request to the Transportation Department; a copy will be emailed to the requesting building/person.
- Call Transportation two (2) days prior to departure to confirm paperwork was received and arrangements made. DO NOT EMAIL. Pam's ext. 2901

Cost: \$65/hour LOCS sta	ff requests; Ad	d one (1)	hour's cost (\$65) to eacl	h trip fo	r pre-trip and post-trip tra	avel time.			
FIELD TRIP INFO	RMATION	(Comp	lete all fields)	2					
Account Number		Date							
290-000-8370-0000-41		8-31-2025							
Building		First, last name of trip leaders							
LOHS		Teresa Snyder							
Transportation (please	# of Busses_2	Name and address of destination							
# 01 Busses 2					Huntington Place				
☐ Tour Bus ☑ Dis	trict Special Purpos	1 Wahington Blvd.							
Staff vehicle Student Vehicle Parent Vehicle Plane					Detroit, MI 48226				
Group and/or grade lev	el						_		
DECA 9-12					Field trip Competition CTE/Career Readiness				
Date of Visit # of Stu			dents	ents # of Chaperones Cell Phone			Cell Phone Nu	e Number of Trip Leader	
March 5-7 202	6	unkn	own		3-4				
Date & Time Leaving	Before 8:30 a.m.	& Time Returning After 2:15 p.m. # of School Days Missed							
March 5 2026	10am			March 7 2026 3:30pm 2					
Objective for Visit (Inclu	ude Standard	is, Benc	hmarks and Career	Readi	ness targets that Fie	eld Trip ad	ddresses)		
State Career Developmen	nt Conference	and State	DECA competitions to	fulfull	state for CTSO require	ments for i	future CTE fundir	ng.	
Cost of Trip	Cost to Stu	dent	How will trip be funded?						
unknown unknown			student, DECA, CTE, School Store por			possibles			
Building Administrator	4	Date							
Daniel T. Haas		9-11-25							
<b>AUTHORIZATIO</b>	N .						D-4-		
Education Assistant Superintendent of Teaching and Learnin						ire	Date	7/15/25	
Yes 🗆 No									
Transportation	ansportation Signate			Date					
□ Yes □ No									
Board of Education - O	vernight and	internati	onal trips only		Board Member S	Signature	Date		
□Voc □No									