



SY 25-26

0000056

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

Date Request Submitted (auto-populated) 12 weeks prior minimum	Date of Request 04/21/2025	Type of Trip: Out of State & Overnight
Dates of Trip	Leave 06/16/2026	Return 06/21/2026
Number of School Days Missed by Students	0	

TRIP INFORMATION

Requester's Name	Kathleen Ader
Requester's Building	Novi High School
Group/Class Traveling	Novi HOSA
Title of Field Trip	HOSA International Leadership Competition
Primary Destination	Indianapolis, IN
Expected Chaperone Numbers	NCSD Staff Chaperones 4 Non-Staff Chaperones 0

Summary of Trip:

In the spring of 2026, NHS HOSA will compete in the MI State HOSA competition where students will compete in over 50 competitive events ranging from Clinical Nursing to Medical Photography. Students who earn top 3 will qualify to compete at the International Leadership Conference in Indianapolis, IN from June 17-20, 2026. At the International Conference, students will compete in their events, attend symposiums, listen to speakers and build medical and leadership skills. Once our numbers are finalized for student competitors, we will be able to determine how many chaperones will be attending.

CURRICULUM (Required for Curricular Trips)

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

Objective #1: Ensure all students, and especially underserved populations, have meaningful access to high-quality career pathways, and that a commitment to equity is embedded in all efforts to improve career preparation.
Objective #2: Forge well-designed linkages between secondary and postsecondary education and training for all career pathways.

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:

06/17/2025

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

Omni Severin- based on availability

Address 40 Jackson Pl
Indianapolis, IN 46225

Contact Name

TBD

Phone # (317) 634-6664

Link to Hotel: <https://www.omnihotels.com/hotels/indianapolis-severin>

Based on availability and group room block

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

TRANSPORTATION DETAILS

Must be contacted for pre-arrangements. Requirements: 12 weeks prior	Date contacted/prearranged	04/10/2025
	Transportation Provider If charter bus, confirm on MDOT approved list	National Trails
	Contact Person	Natalie Lozon
	Contact Phone Number	248-353-9510
	Email Address	nataliel@nationaltrailsbus.com
Does the bus need to stay?		Yes
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 48377	Departure Date & Time	06/16/2026 6:00 AM
Destination Location Building Name & Address	Omni Severin Hotel 40 Jackson Pl Indianapolis, IN 46225	Arrival Time	4:00 PM
RETURN TRAVEL FROM FIELD TRIP TO SCHOOL			
Departure Location Building Name & Address	Omni Severin Hotel 40 Jackson Pl Indianapolis, IN 46225	Departure Date & Time	06/21/2026 7:00 AM
Destination Location Building Name & Address	Novi High School 24062 Taft Rd Novi, MI 48377	Arrival Time	4:00 PM
Notes: Tentative Itinerary- https://docs.google.com/document/d/1SpUVOIfps8rIk8hmYe4DqUKD7LXqIkGEBjb3gFnAVnc/edit?usp=sharing			

CHAPERONE INFORMATION

NCSD STAFF CHAPERONES - NUMBER EXPECTED: 4 _____ COMPLETE INFO. BELOW

	Last Name	First Name	Cell Phone Number	Home Building	Sub Required? IF YES, CHAPERONE MUST REQUEST SUB IN RED ROVER
1	Tituskin	Julia	248-345-4157	Novi High School	No sub required
2	Chapin-Dube	Megan	517-227-0271	Novi High School	No sub required
3	Smith	Hallie	586-770-0478	Novi High School	No sub required
4	Farmer	Doug	248-318-5604	Novi High School	No sub required
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Notes:

FIELD TRIP COSTS

NCSD BUS TRANSPORTATION COSTS

Bus trip to the destination		End Time		Hours	
Bus trip returning to school		End Time		Hours	
TOTAL HOURS					
Mileage from NCSD Bus Garage at 45505 11 Mile, Novi, MI 48374 to field trip destination					0
Mileage from field trip destination back to school					0
TOTAL ROUND TRIP MILES					0.00

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		\$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	0.00		0.00

TOTAL NCSD BUS COST \$ 0.00

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

Parking facilities on-site? Is there a cost?
n/a

Other important information about NCSD Bus Cost:
n/a

FIELD TRIP COST SUMMARY **PER STUDENT**

Total Estimated Cost Per Student		\$ 950.00
Estimated Total Per Student		Expense Description (what is included)
Paid by Students & Families	950.00	charter bus, hotel, competition fee, some meals
Supplied by Students During the Trip	200.00	some meals, entertainment
Covered By Other Funding Sources*	0.00	n/a
*List other funding sources (grant names etc.)		

NCSD BUSINESS OFFICE INFO NEEDED:	Expense Item	Account Name to be charged	Account Number	Amount
	n/a	HOSA SA	61-296-7920-022-690-0000	0

Notes:

APPROVAL TO COLLECT FUNDS

Anticipated participants (qty)	Amt. Collected per participant (\$)	Expected Total Collected
50	950.00	\$ 47,500.00
Account Name Where Funds will be Deposited		Account Number
#690 HOSA SA account		60-179-0000-022-690-0000
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
Kathleen Ader, Megan Chapin-Dube, Halle Smith		05/01/2026

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 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 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
NCSD Field Trip Permission Form - ka	Required for <ul style="list-style-type: none"> • <u>All</u> field trips. Completed, unsigned version required to process this request. 	<ol style="list-style-type: none"> 1. Choose a form option <ol style="list-style-type: none"> 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 ka	Required for: <ul style="list-style-type: none"> • 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) ka	Required for: <ul style="list-style-type: none"> • <u>All</u> NON-NCSD chaperones 	Please follow district guidelines found at link including allow 3 business days for your submission to be processed.
NCSD Health Forms ka	Required for all students: <ul style="list-style-type: none"> • Emergency Medical Release Form • Authorization for Administering Over-The-Counter Medication Required for students bringing Medications: <ul style="list-style-type: none"> • Medication Authorization Form • Medication Form- Self Administer 	Medication Instructions for Overnight Field Trips
Student & Chaperone Rules and Responsibilities ka	Required for: <ul style="list-style-type: none"> • 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.
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	<u>Kathleen Ader</u> <small>Kathleen Ader [04/21/2025 3:41pm EDT]</small>	04/21/2025	Submitted
Sponsoring Administrator of Trip	<u>Michelle Eathorne</u> <small>Michelle Eathorne [04/21/2025 9:22pm EDT]</small>	04/21/2025	Reviewed, okay to proceed.
Notes: Bus itinerary attached, detailed event itinerary not yet available.			
Building Administrator	<u>Nicole Carter</u> <small>Nicole Carter [04/21/2025 9:27pm EDT]</small>	04/21/2025	Reviewed, okay to proceed
Notes:			
Building Budget Admin. Asst. Review	<u>Mary Warra</u> <small>Mary Warra [04/22/2025 7:34am EDT]</small>	04/22/2025	Reviewed, okay to proceed.
Account number(s) provided have been reviewed and are accurate. Yes Notes:			
Director of Transportation Only if NCSD Bus used			
Notes: Dir. of Transp. Will be cc'd after board review if request is denied and using NCSD Bus.			
Director of Instruction	<u>Emily POHLONSKI</u> <small>Emily POHLONSKI [04/22/2025 9:24am EDT]</small>	04/22/2025	Reviewed, okay to proceed
Notes: Additional details to the itinerary will be added once they are released by HOSA			
Asst. Superintendent Teaching & Learning	<u>Michael Giromini</u> <small>Michael Giromini [04/22/2025 9:27am EDT]</small>	04/22/2025	Reviewed, okay to proceed
Notes:			
Proposed Overnight, Out of State/Country Trip Executive Assistant, Superintendent & Board of Education	<u>Sheila Holly</u> <small>Sheila Holly [04/22/2025 9:31am EDT]</small>	04/22/2025	Expected Board Review Date 04/24/2025
Notes:			
Board of Ed Decision			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:	

Itinerary for Indianapolis Bus Driver: (subject to change)

Kathleen Ader 734-673-0805

Megan Chapin-Dube 517-227-0271

Tuesday, June 16, 2026

9:30am Arrive at NHS Room 102 - Load Luggage onto bus - Carry-on screening.
10:00am Bus leaves NHS
Bus will make approximately 1 stops for restroom and lunch break.
2:00pm Check in to TBD Hotel

Wednesday, June 17, 2026

Unsure yet of transportation for the day ????

Thursday, June 18, 2026

Unsure yet of transportation for the day ????

Friday, June 19, 2026

Unsure yet of transportation for the day ????

Saturday, June 20, 2026

Unsure yet of transportation for the day ????

Sunday, June 21, 2026

8am Load Bus to return to Novi High School
Bus will make approximately 1 stop for restroom and lunch break.



Novi Community School District Field Trip Permission Form

Teacher/Sponsor: Chapin-Dube/Smith

Destination: Indianapolis, IN - HOSA ILC

Field Trip Date: 6/16/26-6/21/26

Departure Time: 8:00am on 6/16/26

Return Time: 4pm on 6/21/26

Transportation By (must select one of the boxes below for approval):



Bus



Parent-driving own child(ren)



Other

Student Name:Parent/Guardian Name:

Parent/Guardian Phone #:

Parent/Guardian Email:

Emergency Contact Name:

Emergency Contact Phone #:

Student Cell #:

Parent/Guardian Approval:

I have reviewed the above teacher comments and hereby grant permission for my student to participate in this field trip. I understand that students are to follow Novi Community School District policies, procedures, and expectations (including appropriate dress), when participating in school-sponsored trips.

Parent Signature

Date

Student: Return completed form to your field trip sponsor by: 5/1/26

Trip Sponsor: Provide anticipated attendance list to attendance office before your trip, and completed forms upon your return.