



SY 25-26

0000094

## 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> 01/19/2026	<b>Type of Trip:</b> Overnight
<b>Dates of Trip</b>	<b>Leave</b> 02/01/2026	<b>Return</b> 02/02/2026
<b>Number of School Days Missed by Students</b>	1	

### TRIP INFORMATION

Requester's Name	Don Watchowski
Requester's Building	Novi High School
Group/Class Traveling	(3) Coaches and (6) student-athletes
Title of Field Trip	MHSAA Women in Sports Leadership
Primary Destination	Crowne Plaza Hotel, Lansing MI
Expected Chaperone Numbers	NCSD Staff Chaperones <sup>3</sup> <span style="float: right;">Non-Staff Chaperones <sup>0</sup></span>

**Summary of Trip:**

The MHSAA Women In Sports Leadership Conference is the first, largest, and longest-running conference of its type in the country. The conference is designed for those interested in becoming a high school coach, administrator, official or athletic trainer and is held in Lansing every other year. We have sent a group to represent Novi HS for the last (3) sessions.

### CURRICULUM (Required for Curricular Trips)

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

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

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

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

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

Have you coordinated this trip in the past?

Yes

If yes, when:

02/03/2024

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

Crowne Plaza Lansing

Address 925 S Creyts RD Lansing MI  
48917

Contact Name

Phone # 517-323-7100

Link to Hotel: <https://www.ihg.com/crowneplaza/hotels/us/en/lansing/lancp/hoteldetail>

**\*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	02/01/2026
	Transportation Provider If charter bus, confirm on <a href="#">MDOT approved list</a>	NCSD
	Contact Person	Carey Russell
	Contact Phone Number	
	Email Address	carey.russell@novik12.org
Does the bus need to stay?		No
Lift Bus Required?		No
Special Equipment Required:		No
Number of Students Attending		6

### TRAVEL FROM SCHOOL TO FIELD TRIP DESTINATION

Departure Location Building Name & Address	Novi HS	Departure Date & Time	02/01/2026 8:00 AM
Destination Location Building Name & Address		Arrival Time	

### RETURN TRAVEL FROM FIELD TRIP TO SCHOOL

Departure Location Building Name & Address	Crown Plaza (Lansing)	Departure Date & Time	02/02/2026 12:30 PM
Destination Location Building Name & Address		Arrival Time	

Notes:

# CHAPERONE INFORMATION

**NCSD STAFF CHAPERONES** - NUMBER EXPECTED: 3 \_\_\_\_\_ COMPLETE INFO. BELOW

	Last Name	First Name	Cell Phone Number	Home Building	Sub Required? IF YES, CHAPERONE MUST REQUEST SUB IN RED ROVER
1	Cummings	Brieanna	586-255-8871	Village Oaks	Yes, chaperone to request sub
2	Kilgore	Amy	734-646-0259	Novi Middle School	Yes, chaperone to request sub
3	Coleman	Abigail		Orchard Hills	Yes, chaperone to request sub
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Notes:

## FIELD TRIP COSTS

### NCSD BUS TRANSPORTATION COSTS

Bus trip to the destination	Start 8:00 AM	End 11:00 AM	Hours	3.00
Bus remaining at location between traveling	Start	End	Hours	
Bus trip returning to school	Start 11:00 AM	End 2:00 PM	Hours	3.00
<b>TOTAL HOURS</b>				6.00
Mileage from NCSD Bus Garage at 45505 11 Mile, Novi, MI 48374 to field trip destination				67
Mileage from field trip destination back to school				67
<b>TOTAL ROUND TRIP MILES</b>				134.00

### 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	3	\$30.00	90.00	1	90.00
Saturday		\$45.00			
Sunday	3	\$60.00	180.00	1	180.00

### MILEAGE FEE

	Fee Per Mile	Number of Miles	Number of Buses	Total Mileage
Round-trip Mileage	\$3.00	134.00		0.00

**TOTAL NCSD BUS COST      \$ 270.00**

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

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>		\$ 70.00
<b>Estimated Total <b>Per Student</b></b>		<b>Expense Description (what is included)</b>
Paid by Students & Families	0.00	n/a
Supplied by Students During the Trip	0.00	n/a
Covered By Other Funding Sources*	6.00	Covered by Athletic Budget
*List other funding sources (grant names etc.)		

NCSD BUSINESS OFFICE INFO NEEDED:	Expense Item	Account Name to be charged	Account Number	Amount
	Registration & Hotel	ATH- Conference	11-293-3220-022-000-000-0000	approx \$1500

Notes:

## APPROVAL TO COLLECT FUNDS

Anticipated participants (qty)	Amt. Collected per participant (\$)	Expected Total Collected
0	0	\$ 0.00
Account Name Where Funds will be Deposited		Account Number
n/a		11-293-3220-022-000-000-0000
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
n/a		n/a

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>  DW	Required for <ul style="list-style-type: none"> <li>• <u>All</u> field trips. Completed, unsigned version required to process this request.</li> </ul>	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> 2. Update with event details. 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.
<b>Detailed Itinerary</b>  DW	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. <b>Must be attached at the end of this process (scroll all the way to the bottom).</b>
<b>Chaperone &amp; Volunteer Non-Employment Background Request (<a href="#">ICHAT</a>)</b>  DW	Required for: <ul style="list-style-type: none"> <li>• <u>All</u> 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>  DW	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 Procedure Letter</a></li> </ul>	<a href="#">Medication Instructions for Overnight Field Trips</a>  All forms must be reviewed by district nurses at least two weeks prior to the trip.  DW
<b>Student &amp; Chaperone Rules and Responsibilities</b>  DW	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.

**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
<b>Requester's Signature</b>	<u>Don Watchowski</u> <small>Don Watchowski [01/19/2026 1:51pm EST]</small>	01/19/2026	<b>Submitted</b>
<b>Sponsoring Administrator of Trip</b>	<u>Don Watchowski</u> <small>Don Watchowski [01/19/2026 2:04pm EST]</small>	01/19/2026	Reviewed, okay to proceed.
Notes:			
<b>Building Administrator</b>	<u>Nicole Carter</u> <small>Nicole Carter [01/19/2026 2:07pm EST]</small>	01/19/2026	Reviewed, okay to proceed
Notes:			
<b>Building Budget Admin. Asst. Review</b>	<u>Barbara McDougall</u> <small>Barbara McDougall [01/19/2026 3:50pm EST]</small>	01/19/2026	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>Carey Russell</u> <small>Carey Russell [01/19/2026 3:57pm EST]</small>	01/19/2026	Reviewed, entered in TripFinder
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>Michael Giromini</u> <small>Michael Giromini [01/19/2026 7:39pm EST]</small>	01/19/2026	Reviewed, okay to proceed
Notes: DW acknowledges missed timeline. Staff release time had been submitted, overnight trip was overlooked due to frequency of this trip. Can adjust to non-overnight if needed.			
<b>Asst. Superintendent Teaching &amp; Learning</b>	<u>Michael Giromini</u> <small>Michael Giromini [01/19/2026 7:39pm EST]</small>	01/19/2026	Reviewed, okay to proceed
Notes: See previous comments. If Board approval (repeated trip) 1/22/26 is possible, overnight trip. If not, adjustments will be made.			
<b>Proposed Overnight, Out of State/Country Trip</b> Executive Assistant, Superintendent & Board of Education	<u>Jennifer Bueter</u> <small>Jennifer Bueter [01/20/2026 10:08am EST]</small>	01/20/2026	Expected Board Review Date  01/22/2026
Notes: This will go to the Board for approval at the Regular Board Meeting on 1/22/26.			
<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:	





## MHSAA Women in Sports Leadership Conference 2026

Wildcat,

Congratulations. You have proven to your coaches that you have what it takes to become a true leader within your sport and our Athletic Department. As a result, Novi Athletics and your Coach staff would like to invite you to join us in representing Novi HS at the 2026 MHSAA Women in Sports Leadership Conference in Lansing MI, Feb 1-2. We will depart from the Novi HS parking lot on **Sunday Feb 1 at 8:00am** via school transportation and be returning to Novi HS via school transportation at approximately **2:00pm Monday Feb 2**. Please meet in the stadium parking lot on Sunday at 7:50 am. Students will be staying two per room supervised by their Coach (separate room) at the **Crowne Plaza Lansing, 925 S Creyts Road, Lansing MI 48917**. All costs will be covered by Novi Athletics including meals and accommodations.

For more information on the conference, please visit

<https://www.mhsaa.com/sites/default/files/WISL/2026/Program.pdf?time=1768846164039>.

This is another small step towards continuing our Athletic Department mission of creating a culture of education, collaboration, leadership, action, and service. We will commit to implementing and ensuring our Department core values: Commitment, Discipline, Grit, Respect, Teamwork, and Trust. We want to empower you to facilitate this growth individually, but more importantly, among your teammates and within our hallways and community.

Are you in? If so, I ask that you and your parent/guardian fill out the (2) permission forms below and return it to your Head Coach by Wednesday January 28, 2026.

Yours in Educational Athletics,

Mr. Watchowski, Director of Athletics Novi Community School District

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I, \_\_\_\_\_, agree to always abide by the Novi HS Athletic Code of Conduct and to challenge myself to become the best leader I can be. I will approach this opportunity and Athletic Department leadership with energy, enthusiasm, and a true desire and willingness to learn and lead. I will be punctual, committed, and present. Go Cats!

Student Name (Print): \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Email (Print): \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION FORM: NEXT PAGE**