

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: November 12. 2025

RE: Overnight Field Trip Request

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

Name of Group: Leadership Location: Amway Grand Plaza

Street Address: 187 Monroe Avenue NW City, State, Zip: Grand Rapids MI 49503

Students: 35 Chaperones: 2

Date(s) of trip: February 21-23, 2026

Days missed: 1

Staff/Trip Leader:



FIELD TRIP AND TRANSPORTATION **REQUEST FORM**

Check If Board Approval Is Needed.
Overnight
☐ Out of State
□ CTE
☐ International
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 state	ff requests; Add	l one (1) l	hour's cost (\$65) to eac	h trip fo	r pre-trip and post-trip tr	ravel time.				
FIELD TRIP INFOR	MATION	(Comr	lete all fields)	Na sa				5818		
Account Number								Date		
290-296-8900-0000-410-0000-57920000								11/5/25		
Building					First, last name of trip leaders					
LOHS					Lora Hogan Amy Redman					
Transportation (please check one) # of Busses					Name and address of destination					
Transportation (please check one) # of Busses				187 Monroe Ave Nw, Grand Rapids, Michigan, 49503 □ Field trip □ Competition □ CTE/Career Readiness						
✓ Tour Bus ☐ District Bus ☐ District Special Purpose Bus ☐ Staff vehicle ☐ Student Vehicle ☐ Parent Vehicle ☐ Plane										
Group and/or grade level										
Leadership Class Members										
· · · · · · · · · · · · · · · · · · ·					# of Chaperones Cell Phon			ne Number of Trip Leader		
Feb 21-23 2026 3		35								
					& Time Returning After 2:15 p.m. # of School Days Missed					
Saturday afternoon 2pm					Monday 3pm 1 day					
Objective for Visit (Inclu			hmarks and Career	Readi	ness targets that Fi	eld Trip ac	dresses)			
MASC state leadeship cor	nference in Gra	and Rapid	ds MI. We use a Char	ter Bus						
Cost of Trip	Cost to Stud	lent	How will trip be fun	ded?						
450	Homecoming revenue									
Building Administrator Signature					Date					
Daniel T. Haas					11-10-25					
AUTHORIZATION	V						Mary 1			
Education Assistant Superintendent of Teaching and Learning Signature Date 1 11 25									111125	
Yes • No									1111195	
Transportation Director of Transportation Signature					Da			Date		
□ Yes □ No						0' 1		2-4-		
Board of Education - Overnight and international trips only Board Member Signature Date										
□ Yes □ No										