

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: September 8, 2025

RE: Overnight Field Trip Request

Attached please find the following overnight request for Board approval:

Name of Group: HOSA

Location: Grand Traverse Resort and Spa

Street Address: 100 Grand Traverse Village Boulevard

City, State, Zip: Acme, MI 49610

Students: TBD Chaperones: TBD

Date(s) of trip: April 16 to April 17, 2026

Days missed: 2

Staff/Trip Leader: Randy Morgan and Andrew McDonald



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 2023 for the 2024-25 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 Asst. Superintendent will forward the request to the Transportation Dept; 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 in district L	OCS staff req	uests; \$106)/hour out of district no	n-LOCS	S staff requests ~ Add or	ne (1) hour's	s cost (\$65/\$100)	to each trip.
FIELD TRIP INFO	RMATIC	N (Co	mplete all field	ds)				
Account Number					Date			
140-127-5800-3446-410-2900-57920000				08/29/2025				
Building					First, last name of trip leaders			
LOHS					Randy Morgan / Andrew McDonald			
# of Busses 0 Transportation (please check one) District Special Purpose Bus Tour Bus Parent Vehicle District Bus Plane					Name and address of destination Grand Traverse Resort and Spa 100 Grand Traverse Village Blvd Acme, MI 49610			
Group and/or grade level LOHS HOSA (9-12)					Field trip Competition CTE/Career Readiness			
Date of Visit 4/16/26 - 4/17/2		# of Stud	lents		# of Chaperones		Cell Phone No	umber of Trip Leader
Date & Time Leaving 4/15/26 4:00 p.m. Objective for Visit (Include Standards, Bench			Before 8:30 a.m.	Date	& Time Returning 4/18/26	✓After	2:15 p.m.	# of School Days Missed
LOHS HOSA stude City. They will hav event they advance Foundations, Hono	e using k ed in at t	nowled ne Regi	ge and skills ac onal Leadershi	quire p Co	ed in the followin nference in Nov	ig classe ember.	es to diligen Medical Tei	tly prepare for the minology, Medical
Cost of Trip	Cost to Stu	dent	How will trip be funded? CTE funds and student/parent					
Building Administrator Signature Daniel T. Haas					Date 9-5-25			
AUTUODIZATION						1000		
AUTHORIZATION Education Assistant Superintendent of Teaching a					and Learning Signat	ure	Date	9/5/25
Transportation Director of Transportation Signature						Date	·	
☐ Yes ☐ No Board of Education - Ov	ernight and	internation	onal trips only		Board Member	Signature	Date	
□ Yes □ No								