



SY 24-25

0000054

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

| | | |
|--|--------------------------------------|--|
| Date Request Submitted (auto-populated) 12 weeks prior minimum | Date of Request 03/24/2025 | Type of Trip: Out of State & Overnight |
| Dates of Trip | Leave 06/12/2025 | Return 06/16/2025 |
| Number of School Days Missed by Students | 0 | |

TRIP INFORMATION

| | |
|----------------------------|---|
| Requester's Name | Janelle Moore |
| Requester's Building | Novi High School |
| Group/Class Traveling | Novi Meadows Robotics Team |
| Title of Field Trip | WPI FIRST LEGO League Invitational |
| Primary Destination | WPI, Worchester MA |
| Expected Chaperone Numbers | NCSD Staff Chaperones 0 Non-Staff Chaperones 1 |

Summary of Trip:

Novi Meadows FIRST LEGO League team 17990, Cosmic Rangers has qualified to compete at WAFFLES, the WPI FLL Invitational June 13-15. All families will be traveling and staying with their students. The only exception to this is a fingerprinted coach will fly with three students and meet the families at the destination. Another team was approved for this trip already.

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?

No

If yes, when:

If not, what is the most recent overnight trip you have coordinated? Please describe the destination, group traveling, and date.

FIRST Championship in Houston Texas April 2024 for NMS robotics teams.

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

Best Western Royal Plaza

Address 181 Boston Post Rd
W Marlborough MA 01752

Contact Name

Satyanarayanan Raghavan

Phone # 508-460-0700

Link to Hotel: Please see itinerary attached.

***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 | |
| | Transportation Provider If charter bus, confirm on MDOT approved list | |
| | Contact Person | |
| | Contact Phone Number | |
| | Email Address | |
| Does the bus need to stay? | | |
| Lift Bus Required? | | |
| Special Equipment Required: | | |
| Number of Students Attending | | |

TRAVEL FROM SCHOOL TO FIELD TRIP DESTINATION

| | | | |
|---|--------------------------------|-----------------------|--|
| Departure Location Building Name & Address | Please see itinerary attached. | Departure Date & Time | |
| Destination Location Building Name & Address | | Arrival Time | |

RETURN TRAVEL FROM FIELD TRIP TO SCHOOL

| | | | |
|---|--------------------------------|-----------------------|--|
| Departure Location Building Name & Address | Please see itinerary attached. | Departure Date & Time | |
| Destination Location Building Name & Address | | Arrival Time | |

Notes:

See attached agenda for details about how some members are flying and some are driving.

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 | | | | | |
| Mileage from field trip destination back to school | | | | | |
| TOTAL ROUND TRIP MILES | | | | | |

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 | | | |

TOTAL NCSD BUS COST \$

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

Parking facilities on-site? Is there a cost?

Other important information about NCSD Bus Cost:

FIELD TRIP COST SUMMARY **PER STUDENT**

| | | |
|--|----------|---|
| Total Estimated Cost Per Student | | \$ 1,330.00 |
| Estimated Total Per Student | | Expense Description (what is included) |
| Paid by Students & Families | 1,030.00 | Event registration, hotel and travel |
| Supplied by Students During the Trip | 300.00 | Food and souvenirs |
| Covered By Other Funding Sources* | 700.00 | Balance in SAA |
| *List other funding sources (grant names etc.) | | |

| | | | | |
|---|----------------|----------------------------|--------------------------|--------------|
| NCSD BUSINESS OFFICE INFO NEEDED: | Expense Item | Account Name to be charged | Account Number | Amount |
| | Balance in SAA | 61-296-7920-099-984-0000 | 61-296-7920-099-984-0000 | up to 700.00 |
| | | | | |
| | | | | |
| | | | | |

Notes: Each family will be paying their own expenses directly. Each family will be paying for the trip as they go.

APPROVAL TO COLLECT FUNDS

| | | |
|--|-------------------------------------|---|
| Anticipated participants (qty) | Amt. Collected per participant (\$) | Expected Total Collected |
| 5 | 0 | \$ 0.00 |
| Account Name Where Funds will be Deposited | | Account Number |
| N/A | | 61-296-7920-099-984-0000 |
| 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 |
| Each family will be paying their own expenses directly | | 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.
- 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 - JM | Required for <ul style="list-style-type: none"> All field trips. Completed, unsigned version required to process this request. | <ol style="list-style-type: none"> Choose a form option <ol style="list-style-type: none"> Digital Form Paper Form Update with event details. 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 JM | 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) JM | Required for: <ul style="list-style-type: none"> All NON-NCSD chaperones | Please follow district guidelines found at link including allow 3 business days for your submission to be processed. |
| NCSD Health Forms JM | 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 JM | 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>Janelle Moore</u> <small>Janelle Moore [03/24/2025 3:19pm EDT]</small> | 03/24/2025 | Submitted |
| Sponsoring Administrator of Trip | <u>Dan Tobis</u> <small>Dan Tobis [04/07/2025 3:24pm EDT]</small> | 04/07/2025 | Reviewed, okay to proceed. |
| Notes: | | | |
| Building Administrator | <u>John Brickehy</u> <small>John Brickehy [04/08/2025 9:51am EDT]</small> | 04/08/2025 | Reviewed, okay to proceed |
| Notes: | | | |
| Building Budget Admin. Asst. Review | <u>Marina Hertrich</u> <small>Marina Hertrich [04/08/2025 10:14am EDT]</small> | 04/08/2025 | 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 [04/08/2025 12:16pm EDT]</small> | 04/08/2025 | Reviewed, okay to proceed |
| Notes: All families will be traveling and staying with their students. The only exception to this is a fingerprinted coach will fly with three students and meet the families at the destination. | | | |
| Asst. Superintendent Teaching & Learning | <u>Michael Giromini</u> <small>Michael Giromini [04/08/2025 12:32pm EDT]</small> | 04/08/2025 | 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 [04/08/2025 1:25pm EDT]</small> | 04/08/2025 | Expected Board Review Date 05/12/2025 |
| 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: | |

WAFFLE: WPI FIRST LEGO League Invitational

June 13-15, 2023

<https://wp.wpi.edu/waffle/>

Agenda

Travel:

June 12th Flight from Detroit to Boston

Team members: Sahasra Satyanarayanan, Arnav Manda, Kundhavi Bharath

Parent Chaperone: Satyanarayanan Raghavan

Rental car from Boston to W Marlborough MA

By car from Novi to Boston prior to flight:

Soujanya and Ram Manda (parents of Arnav Manda)

Bharath Mani and Karpagam Chinnaiah Paranjothi (parents of Kundhavi Bharath)

By car Novi to W Marlborough MA

Aadithya Nellutla with parents Kiran Nellutla and Deepa Yerravalli

Zoya Ali Bagwan with parents Naziya and Mohamed Bagwan

Hotel:

[Best Western Royal Plaza](#)

181 Boston Post Rd

W Marlborough MA 01752

508-460-0700

Event Agenda

All times Eastern – times and activities are subject to change

Friday, June 13

0800: Pits Open, Team Check-in Open, Competition and Practice Fields Open for use (*OPTIONAL*)

0600: Deadline for team check-in (**REQUIRED**)

0600: Competition & Practice fields closes

0600-1730: Team Time (use as you see fit to grab food, set up pit, unwind, etc)

0730: Line up for Opening Celebration

0800: Opening Celebration with all teams!

0900: Conclusion of Opening Celebration

0930: Venue Closes

ALL DAY: Campus Tours Available!

Saturday, June 14

0800: Venue Opens

0900: Coach Meeting with Head Referee, Practice Area Opens

1000: Competition Fields Available for Practice

1100: Judging Begins

1500: Competition Fields Closed for Practice

1530: Robot Rounds Begin

1800: Robot Rounds End, Practice Area Closes.

1730-2100: **TEAM PARTY!**

- Carnival rides, video games, outdoor games, food, and fun!
- Relax and unwind with your fellow teams!
- IN THE EVENT OF INCLEMENT WEATHER:
 - There will be video games and lawn games indoors.
 - There will be a movie on the big screen.
 - BBQ will be served from Harrington Lobby

Sunday, June 15

0800: Venue Opens

0830: Practice Area Opens

0900: Robot Rounds Begin

1220: Robot Rounds End

1220: Lunch Break

1330: Top teams invited to present their project on the awards stage

1430: Closing Ceremonies

1630: Event Ends



Novi Community School District Field Trip Permission Form

Teacher/Sponsor: Janelle Moore

Destination: WPI FLL Invitational

Field Trip Date: 06/12/25

Departure Time:

Return Time:

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:

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