



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 12.1d

Meeting Date: May 2, 2024

Subject: Approve Miwok Middle field trip to Boston, MA May 24-29, 2024

- Information Item Only
- Approval on Consent Agenda
- Conference (for discussion only)
- Conference/First Reading (Action Anticipated: _____)
- Conference/Action
- Action
- Public Hearing

Division: Deputy Superintendent

Recommendation: Approve Miwok Middle field trip to Boston, MA May 24-29, 2024

Background/Rationale: On May 24, 135 students, 3 teachers, and 19 chaperones will travel via commercial airline to Boston, MA for a culmination of US History study.

Financial Considerations: There is no cost to the district. Expenses will be paid by parents and guardians.

LCAP Goal(s): College preparedness, increasing communication and critical thinking skills.

Documents Attached:

1. Out-of-state field trip documents

<p>Estimated Time of Presentation: N/A</p> <p>Submitted by: Mary Hardin Young, Interim Deputy Superintendent Jerad Hyden, Assistant Superintendent</p> <p>Approved by: Lisa Allen, Interim Superintendent</p>
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Sacramento City Unified School District
FIELD TRIP REQUEST FORM
 (USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form is required for each student field trip. See below reference distribution section for details concerning each type of trip.

School Name: Miwok Middle School

Date February 12, 2024

Teacher's Name: Jody Cooperman Room #: 301 Telephone #: 916-395-5370 Fax #: 916-264-3436

Field Trip Destination: Boston, Massachusetts

Local-50 mile radius (bus/walking) Local-50 mile radius (driver led trips) Out-of-Town (Beyond 50 mile radius) (forward directly to Field Trip Office)

Overnight Out-of-State/Country Involving Swimming or Wading Unusual Activities

Route: Plane flight from San Francisco International Airport to Logan Airport. Return trip: Logan Airport to SMF

Educational nature of field trip/excursion: This is a culmination of our year of study in American history.

Depart Date: May 24, 2024 Time: 5:10 a.m. Return Date: May 29, 2024 Time: 9:30 p.m.

TRANSPORTATION will be provided by: Walking School Bus - contact Transportation Field Trip Office

Charter Bus Company (certified): Yes No - Check with Field Trip Office

Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver, must have fingerprint clearance (check with Human Resources for fingerprint clearances)

Public Transportation Train Commercial Airline Other: _____

Funding Source: Parent-funded

Financial Assistance Available? Yes No

Number of students participating: 135

Adult Chaperones/Drivers: Use additional forms if more than 4 names: Driver

1) See attached yes no 2) _____ yes no
 3) _____ yes no 4) _____ yes no

Teachers and Staff Attending: Use additional forms if more than 4 names

1) Jody Cooperman yes no 2) Katie Miller yes no
 3) Paula Turner yes no 4) Braunwyn Juhlin yes no

Principal Approval _____ Date 4/3/24 Risk

Management Approval (Unusual Activities) _____ Date 4/9/24 Instructional

Assistant Superintendent Approval _____ Date 4/8/24 Distribution: Refer to the Field Trip

Information Form RSK 106F for the forms and distribution required for each trip:

1. Local Trip (school or charter bus): (50-mile radius) - Submit to Principal for approval. Maintain all documents at site and forward a copy to Instructional Assistant Superintendent for approval.
2. Local Trip: (50-mile radius; driver led) - Submit driver led trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
3. Local Trip: (wading, RT, Amtrak): Submit walking trips to Principal for approval then forward to Instructional Assistant Superintendent for approval 2 weeks prior to trip.
4. Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
5. Overnight Trip: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip
6. Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip.
7. Trip Involving Unusual Activities (Water sports or high risk activities such as rafting, snorkeling, rock climbing, skiing, etc.) - Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. This may require Special Event Liability Insurance
8. Out-of-State/Country: Submit to Principal for approval then forward to Instructional Assistant Superintendent for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip, Instructional Assistant Superintendent will place field trip item on Board Agenda. Trips not submitted to Segment Administrator 6 weeks prior to trip will be considered automatically rejected by the Board of Education.
9. Approved forms will be returned by Instructional Assistant Superintendent. Maintain a copy of all forms at site for 2 years
10. Venue/Destination: Must comply with SCUSD COVID19 Mitigation Guidelines for all trips outside of district facilities.

Reviewed by Site Office Manager _____ (Initials)

Sacramento City Unified School District
**OUT-OF-STATE OR OUT-OF-COUNTRY
TRAVEL REQUEST**

School Name: **Miwok Middle School**

Date: Completed: 2/12/24

Teacher's Name: **Jody B. Cooperman** Room # 301 Telephone # 916-204-3226 (cell)

Field Trip Destination: **Boston, Massachusetts**

Reason for travel: This field trip is a culmination of our study in U.S. History. We will be visiting sites that directly correlate to our study: Bunker Hill, Lexington and Concord, the USS Constitution, the Black Heritage Trail, the Freedom Trail and Salem.

List unusual activities, water activities or high risk activities (examples: rafting, snorkeling, rock climbing, skiing, etc.) as a special parent waiver may be required. Submit copy of contract or waiver to Risk Management for review before signing. Attach a detailed itinerary for each day: **Itinerary attached**

Signed  Teacher

Approvals:

 4 / 3 / 24
Principal Date

 4 / 8 / 24
Risk Management Dept. Date
Superintendent

 4 / 8 / 24
Segment Administrator Date

 4 / 9 / 24
Superintendent Date
Risk Management

/ /

Board Approval Date

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

Request to Attend: <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	Purpose for Attending: <input type="checkbox"/> Professional Development <input type="checkbox"/> Continued Education Credits Earned	Instructions: This form must be completed and received in Accounts Payable at least 30 days prior to the proposed trip- 60 days if out-of-state. REQ # _____
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School/Department <u>Miwok Middle School</u>	Date <u>2/16/24</u>
Date(s) of Event <u>5/24/24-5/29/24</u>	Location <u>Boston, Massachusetts</u>
Event Title (attach brochure) <u>Field Trip to Boston</u>	
Purpose* <u>Culmination of US History study</u>	
*(what value does this activity give students, attendees, staff, department/site or community?)	
How does this travel align with the District's strategic plan?	
How will this activity/event be used and shared?	

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
Jody Cooperman	Teacher	No		
Katie Pool	Teacher	No		
Paula Turner	Teacher	No		
Braunwyn Juhlin	Office Manager	No		
		No		

Additional Attendees Attached

****IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770**

Approvals: Principal/Department Head Signature & Print Name: <u><i>Cristin Tahara</i></u> <u>CRISTIN TAHARA</u> <u>4/13/24</u> Date Cabinet Level or Designee Signature: <u><i>Therese Wuehler</i></u> <u>4/19/24</u> Date Chief Business Officer Signature: <u><i>[Signature]</i></u> <u>04/18/24</u> Date Superintendent or Designee Signature: <u><i>[Signature]</i></u> <u>4.16.24</u> Date	District cost for all attendees (estimate) Registration Fee *** <u>0</u> Meals included? <input checked="" type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging <u>0</u> Transportation <u>0</u> Meals <u>0</u> Other _____ TOTAL <u>0</u>
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<input type="checkbox"/> Categorical	Budget Code(s): <u>NO COST to district</u>	\$ <u>0</u>
<input type="checkbox"/> General Fund/Unrestricted	<u>parent funded.</u>	\$ <u>0</u>

***If any meals are included in the cost of registration, how many of each: Breakfast _____ Lunch _____ Dinner _____

Prepayment Requested: All checks will be sent to the site/department unless prior arrangements have been made (with AP) to pick up check

Requisition #	Dollar Amount
Registration Fee	0
Hotel	0
Airfare ****	0
Car Rental ****	0