



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1e

**Meeting Date:** May 16, 2019

**Subject:** Approve Sutter Middle School American History Field Trip to Boston, Massachusetts May 19-24, 2019

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

**Division:** Academic Office

**Recommendation:** Approve Sutter Middle School Field Trip to Boston, Massachusetts from May 19, 2019 to May 24, 2019.

**Background/Rationale:** On May 19, 2019 a group of 122 students, 12 parent chaperones and 5 staff chaperones from Sutter Middle School will travel via commercial airline to Boston, Massachusetts this trip will allow students to experience where the making of America happened. They will be seeing the sites of the Boston Massacre, Bunker Hill, Boston Common, the Old State House, the Holocaust Memorial, Lexington, Concord, and more.

**Financial Considerations:** No cost to the district.

**LCAP Goal(s):** College, Career and Life Ready Graduates

**Documents Attached:**

1. Out of State Field Trip Documents

**Estimated Time of Presentation:** N/A

**Submitted by:** Dr. Iris Taylor, Chief Academic Officer

Chad Sweitzer, Instructional Assistant Superintendent

**Approved by:** Jorge A. Aguilar, Superintendent

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 Sutter Middle School Date May / 19th / 2019  
 Teacher's Name Jody B. Cooperman Room # 301 Telephone # 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 Airline to Boston from Sacramento

Educational nature of field trip/excursion This is a trip to culminate our study of the making of America. We will visit the sites studied in our history book like Bunker Hill, USS Constitution, Harvard.

Depart Date 05 / 19 / 19 Time 4:30 am/pm Return Date 05 / 24 / 19 Time 11:45 am/pm

- 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: Chartered bus

Funding Source Parent Funded Financial Assistance Available?  Yes  No  
 Number of students participating: 122

Adult Chaperones/Drivers: DRIVER DRIVER  
 1) see attached  yes  no 2) \_\_\_\_\_  yes  no  
 3) \_\_\_\_\_  yes  no 4) \_\_\_\_\_  yes  no

Teachers and Staff Attending:  
 1) Jody Cooperman  yes  no 2) Katie Miller  yes  no  
 3) MARISA NOGUCHI  yes  no 4) Timmy vo  yes  no

Principal Approval [Signature] Date 3/22/19  
 Risk Management Approval (Unusual Activities) [Signature] Date 4/8/19  
 Segment Administrator Approval [Signature] Date 4/2/19

- Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip:
- Local Trip (school or charter bus): (50-mile radius)- Submit to Principal for approval. Maintain all documents at site and forward a copy to Segment Administrator.
  - Local Trip: (50-mile radius: driver led, walking trip) - Submit driver led trips to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Submit walking trips to Principal for approval then forward to Segment Administrator for approval 2 weeks prior to trip.
  - Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
  - Overnight Trip: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
  - Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
  - 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 Segment Administrator for approval 6 weeks prior to trip. This may require Special Event Liability Insurance.
  - Out-of-State/Country: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment Administrator 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.
  - Approved forms will be returned by Segment Administrator. Maintain a copy of all forms at site for 2 years.

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

School Name Sutter Middle School Date 3/13/19

Teacher's Name Jody Cooperman Room # 301 Telephone # 916-395-5370

Field Trip Destination Boston, Massachusetts

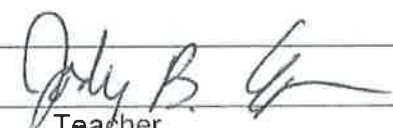
Reason for travel This is a culmination of our study in American history

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 for review before signing. Risk management approval required.

Swimming \_\_\_\_\_

Attach a detailed itinerary for each day: Attached

Signed   
Teacher

**Approvals:**

 3/21/19  
Principal Date

 4/8/19  
Risk Management Dept. Date

 4/2/19  
Segment Administrator Date

 4/15/19  
Superintendent Date

\_\_\_\_\_  
Board Approval Date

### TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

|  |   |  |
|--|---|--|
| <b>Request to Attend:</b><br><input type="checkbox"/> Conference/Workshop<br><input type="checkbox"/> Business Meeting | <b>Purpose for Attending:</b><br><input type="checkbox"/> Professional Development<br><input type="checkbox"/> Continued Education Credits Earned | <b>Instructions:</b> This form must be completed and received in Accounts Payable at least <b>30 days</b> prior to the proposed trip- <b>60 days</b> if out-of-state.<br><br>REQ # _____ |
|--|---|--|

School/Department Sutter Middle School Date 3/15/19

Date(s) of Event 5/19/19-5/24/19 Location Boston Massachusetts

Event Title (attach brochure) U. S. history trip to Boston

Purpose\* Students will be culminating their study of American history by visiting sites where it acutally happened.

\*(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)<br>(attach sheet for additional attendees) | Position        | Substitute<br>(Y/N)*        | No. of Days<br>Required | Budget Code<br>(for substitute) |
|--|-----------------|-----------------------------|-------------------------|---------------------------------|
| Katie Miller   | Teacher         | No <input type="checkbox"/> |                         |                                 |
| Jody Cooperman   | Teacher         | No <input type="checkbox"/> |                         |                                 |
| Marisa Noguchi   | Teacher         | No <input type="checkbox"/> |                         |                                 |
| Timmy Vo   | Counselor       | No <input type="checkbox"/> |                         |                                 |
| Michele Payne  | Office Tech III | No <input type="checkbox"/> |                         |                                 |

Additional Attendees Attached

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

**Approvals:**

*[Signature]* CRISTIN TAHARA-MAEON 4/2/19  
 Principal/Department Head Signature & Print Name Date

*[Signature]* 4-2-19  
 Cabinet Level or Designee Signature Date

*[Signature]* for chnquinto 4/12/19  
 Chief Business Officer Signature Date

*[Signature]* 4/12/19  
 Superintendent or Designee Signature Date

District cost for all attendees (estimate)

Registration Fee \*\*\* 0

Meals included?  B  L  D

Lodging 0

Transportation 0

Meals 0

Other 0

**TOTAL** 0

Categorical Budget Code(s): \_\_\_\_\_ \$ \_\_\_\_\_

General Fund/Unrestricted \_\_\_\_\_ \$ \_\_\_\_\_

\*\*\*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 | _____         |
| Hotel            | _____         |
| Airfare ****     | _____         |
| Car Rental ****  | _____         |

\*\*\*\* If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830