



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 10.1e

Meeting Date: May 15, 2014

Subject: Approve Leonardo da Vinci Field K-8 School Field Trip to Ashland, Oregon, June 4 - 6, 2014

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

Division: Chief of Schools

Recommendation: Approve Leonardo da Vinci Field Trip to Ashland, Oregon, June 4 - 6, 2014 to attend the Shakespeare Festival

Background/Rationale:

June 4 – 6, 2014 28 Leonardo da Vinci students, 2 teacher chaperones, and 7 parent chaperones will travel by private vehicle to Ashland, Oregon to attend the Shakespeare Festival. Students will view four plays and attend acting workshops as well as participate in discussions with actors and directors.

Financial Considerations:

No cost to the district. Expenses paid through parent contribution and fundraising.

Documents Attached:

1. Out of State Field Trip Documents

Estimated Time of Presentation: N/A

Submitted by: Lisa Allen, Interim Chief of Schools

Mary Hardin Young, Area Assistant Superintendent

Approved by: Sara Noguchi, Ed. D., Interim Superintendent

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

| | | |
|---|---|--|
| Request to Attend: <input checked="" 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 # _____ |
|---|---|--|

School/Department Leonardo da Vinci Date 01-15-2014

Date(s) of Event 08/04/2014-08/06/2014 Location Ashland, Oregon

Event Title (attach brochure) Shakespeare Festival 2014

Purpose* FIELD TRIP: Shakespeare club to see plays and attend educational workshops.

*(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) <small>(attach sheet for additional attendees)</small> | Position | Substitute (Y/N)** | No. of Days Required | Budget Code <small>(for substitute)</small> |
|---|---------------|-----------------------|-------------------------|--|
| Mark Sirard | Language Arts | Yes | 3 | 01-0000-0-1102-10-1110-1000-121-0151-000 |
| Stan Androlowicz | Science | Yes | 3 | 01-0000-0-1102-10-1110-1000-121-0151-000 |
| | | No | | |
| | | No | | |
| | | No | | |

Additional Attendees Attached

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

Approvals:

[Signature] Devon Davis 5/6/14
Principal/Department Head Signature & Print Name Date

[Signature] 5/6/14
Cabinet Level or Designee Signature Date

[Signature] 5/6/14
Chief Business Officer Signature Date

[Signature] 5-6-14
Superintendent or Designee Signature Date

District cost for all attendees (estimate)

Registration Fee *** 0.00

Meals included?

B L D

Lodging _____

Transportation _____

Meals _____

Other _____

TOTAL \$ 0.00

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 **** | _____ |



Sacramento City Unified School District
FIELD TRIP REQUEST FORM
 (USE A SEPARATE FORM FOR EACH TRIP)

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

School Name Leonardo da Vinci Date 01-15-14

Teacher's Name Mark Sirard Room # 35 Telephone # 277-6496
 Fax # 277-6806

Field Trip Destination Ashland, Oregon

- Local (50 mile radius) Out-of-Town (Beyond 50 mile radius) Overnight
 Out-of-State/Country Involving Swimming or Wading Unusual Activities

Route _____

Educational nature of field trip/excursion Shakespeare Club to see plays and attend educational workshops.

Depart Date 6/4/2014 Time 9:00 am/pm Return Date 6/6/2014 Time 6:00 am/pm

- TRANSPORTATION will be provided by: Walking School Bus – Contact Transportation Field Trip Office
 Chartered Bus Company Certified: yes no – Check Risk Management Web Site
 Private Vehicle – Complete Volunteer Personal Automobile Use Form for each vehicle and driver.
 Parent Driver – Must have fingerprint clearance, check with Volunteer Office.
 Faculty Driver – Complete Volunteer Personal Automobile Use Form for each vehicle and driver.
 Public Transportation Train Commercial Airline Other: _____

Funding Source Parent Contribution/School Play Funds Financial Assistance Available? yes no

Number of students participating: 28

- | | | | |
|------------------------------|--|----------|--|
| Adult Supervisors/ Drivers: | DRIVER | | DRIVER |
| 1) <u>See Attached Forms</u> | <input type="checkbox"/> yes <input type="checkbox"/> no | 2) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 3) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | 4) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |

- Teachers and Staff Attending:
- | | | | |
|----------------------------|--|----------|--|
| 1) <u>Mark Sirard</u> | <input type="checkbox"/> yes <input type="checkbox"/> no | 2) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 3) <u>Stan Androlowicz</u> | <input type="checkbox"/> yes <input type="checkbox"/> no | 4) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |

Principal Approval *Dennis Davis* Date 4/15/14

Risk Management Approval (Unusual Activities) *Kim Stanley* Date 5/16/14

Segment Administrator Approval *MAT WONG* Date 5/16/14

Distribution: Refer to Field Trip Information Form RSK 106F for the forms and distribution required for each trip:

1. **Local Trip:** (50 mile radius) - Submit to Principal for approval. Maintain all documents at site.
2. **Out-Of-Town:** (beyond 50 mile radius) - Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
3. **Overnight Trip:** Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
4. **Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
5. **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 and Risk Management 6 weeks prior to trip. Must purchase Special Event Liability Insurance.
6. **Out-of-State/Country:** Submit to Principal for approval then forward to Segment Administrator and Risk Management SIX (6) WEEKS prior to trip. Must have Superintendent and Board approval prior to trip. Segment Administrator will submit for Board Agenda. Trips not submitted to Segment Administrator 6 weeks prior to trip will be considered automatically rejected by the Board.

Maintain a copy of all forms at site for 2 years. Approved forms will be returned by Segment Administrator

