



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1e

**Meeting Date:** March 1, 2018

**Subject:** Approve John F. Kennedy High School Field Trip to Flagstaff, Arizona  
March 7-11, 2018

- 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 John F. Kennedy High School Field Trip to Flagstaff, AZ  
March 7-11, 2018

**Background/Rationale:** March 7-11, 2018, a group of 24 students, two teacher and four parent chaperones from John F. Kennedy High School will travel via airplane and rental van to Flagstaff, AZ, to participate in the FIRST Robotics Competition.

**Financial Considerations:** No cost to the district. Expenses paid through grants and donations. Financial assistance was made available for students in need.

**LCAP Goal(s):** College and Career Ready Students

**Documents Attached:**

1. Out of State Field Trip Documents

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

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

Tu Moua-Carroz, 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 John F. Kennedy Date 1/8/18  
 Teacher's Name Robert Greene Room # E-1 Telephone # 743-5044  
 Fax # \_\_\_\_\_

Field Trip Destination Flagstaff, Az

- 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 Airplane

Educational nature of field trip/excursion FIRST Robotics

Depart Date 3/7/18 Time 12:30 am (pm) Return Date 3/11/18 Time 12:10 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: \_\_\_\_\_

Funding Source Grants Financial Assistance Available?  Yes  No

Number of students participating: 24

Adult Chaperones/Drivers:	DRIVER		DRIVER
1) <u>Dennis Kazee</u>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	2) <u>Cindy Kazee</u>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
3) <u>Francisca Ortiz</u>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	4) _____	<input type="checkbox"/> yes <input type="checkbox"/> no

Teachers and Staff Attending:

1) <u>Robert Greene</u>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	2) <u>James Ballenger</u>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
3) _____	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	4) _____	<input type="checkbox"/> yes <input type="checkbox"/> no

Principal Approval [Signature] Date 2/24/18

Risk Management Approval (Unusual Activities) [Signature] Date 2/13/18

Segment Administrator Approval [Signature] Date 2/15/18

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, snorkelling, 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 John F. Kennedy High School Date 3/7-11/2018  
 Teacher's Name Robert Greene Telephone # 916-743-5044  
 Field Trip Destination Compete in FIRST Robotics Competition  
 Reason for travel \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

*NONE*

Signed   
 Teacher

**Approvals:**

 1/24/18  
 Principal Date  
 2/13/18  
 Risk Management Dept. Date  
 2/15/18  
 Segment Administrator Date  
 2/16/18  
 Superintendent Date

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

## TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

<b>Request to Attend:</b> <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting	<b>Purpose for Attending:</b> <input type="checkbox"/> Professional Development <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.  REQ # _____
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School/Department: John F. Kennedy High School Date: 2/1/18

Date(s) of Event: 3/7/18 - 3/11/18 Location: Flagstaff, Arizona

Event Title (attach brochure): Northern Arizona Regional Competition (FRC FIRST Robotics)

Purpose\*: To enter the high school robotics team robot in a competition, representing the school and district on an international level. Students learn valuable skills in leadership, teamwork, programming, design and electronics.

\*(what value does this activity give students, attendees, staff, department/site or community?)  
 How does this travel align with the District's strategic plan? STEM skills development, community outreach, leadership development

How will this activity/event be used and shared? Shared on social media, district and school newsletters

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>
Robert Greene	Teacher	<input checked="" type="checkbox"/> yes	3	
James (Ben) Ballenger	Teacher	<input checked="" type="checkbox"/> yes	3	
Dennis and Cindy Kazee	Parent volunteers	No		
Kimberly Sellards	Parent volunteer	No		
Francisca Acosta Ortiz	Parent volunteer	No		

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

**Approvals:**

Principal/Department Head Signature & Print Name	<u>[Signature]</u>	Date <u>2/8/18</u>
Cabinet Level or Designee Signature	<u>[Signature]</u>	Date <u>2/15/18</u>
Chief Business Officer Signature	<u>[Signature]</u>	Date <u>2/16/18</u>
Superintendent or Designee Signature	<u>[Signature]</u>	Date <u>2/16/18</u>

District cost for all attendees (estimate)

Registration Fee \*\*\* 0

Meals included?  B  L  D

Lodging \_\_\_\_\_

Transportation \_\_\_\_\_

Meals \_\_\_\_\_

Other \_\_\_\_\_

**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 ****	_____