



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1i

Meeting Date: June 1, 2017

Subject: Approve Sutter Middle School Field Trip to Washington, D.C. and New York City from June 17-22, 2017

- 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 Sutter Middle School Field Trip to Washington, D.C. and New York City June 17-22, 2017

Background/Rationale: June 17-22, 2017 a group of 46 students, four teacher chaperones and four parent chaperones from Sutter Middle School will travel via airplane, and charter bus, to Washington, D.C. and New York City to study various historical sites, museums, and monuments as they pertain to the growth and development of our country. This educational experience will help students gain a more realistic view of where some of the 'making of America' took place.

Students will meet the teachers and chaperones at Sacramento International Airport on the morning of June 17th, and will be met by their parents/guardians at Sacramento International Airport on return on June 22nd.

Financial Considerations: No cost to the district. Expenses paid through parent contribution. Associated Student Body funds were 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: Lisa Allen, Deputy Superintendent
Olga Simms, Area Assistant Superintendent

Approved by: José Banda, Superintendent

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 Sutter Middle School Date June 17-22, 2017

Teacher's Name Michael Baradat Room # 205 Telephone # 704.6865
 Fax # _____

Field Trip Destination Washington, D.C. and New York City

Local (50 mile radius) Out-of-Town (Beyond 50 mile radius) Overnight

Out-of-State/Country Involving Swimming or Wading Unusual Activities
 Route Commercial Air to Washington, D.C. and return from Newark

Educational nature of field trip/excursion Culmination of U.S. History class. Experience history by visiting our
 National monuments, museums, and historic sites.

Depart Date 06.17.17 Time 4:30 am am/pm Return Date 06.22.17 Time 11:00pm 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 private funds Financial Assistance Available? yes no

Number of students participating: 46

Adult Supervisors/ Drivers:	DRIVER	DRIVER
1) <u>Gary Lee House</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	2) <u>Jennifer Johnson</u> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
3) <u>Theodore Lombardi</u>	<input type="checkbox"/> yes <input type="checkbox"/> no	4) <u>Robert Jones</u> <input type="checkbox"/> yes <input type="checkbox"/> no

Teachers and Staff Attending:

1) <u>Michael Baradat</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) <u>Nicole Baradat</u>	<input type="checkbox"/> yes <input type="checkbox"/> no
3) <u>Elizabeth Henrikson</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	4) <u>Katie Miller</u>	<input type="checkbox"/> yes <input type="checkbox"/> no

Principal Approval [Signature] Date 5-4-17
 Risk Management Approval (Unusual Activities) [Signature] Date 5/4/17
 Segment Administrator Approval [Signature] Date 5/8/17

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

- Local Trip:** (50 mile radius) - Submit to Principal for approval. Maintain all documents at site.
- Out-Of-Town:** (beyond 50 mile radius) - Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
- Overnight Trip:** Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
- Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment Administrator 10 days 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 and Risk Management 6 weeks prior to trip. **Must purchase Special Event Liability Insurance.**
- 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

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

School Name Sutter Middle School Date June 17-22, 2017

Teacher's Name Michael Baradat Room # 205 Telephone # 916.704.6865

Field Trip Destination Washington, D.C./New York City

Reason for travel Culminating event for eighth grade history. Students will experience the East Coast and the monuments and landmarks that are a part of United States History. Students will have the opportunity to see many of the things that they learned about this year.


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.

Attach a detailed itinerary for each day: attached

Signed 
 Teacher

Approvals:

 5.9.17
 Principal Date

 5/11/17
 Risk Management Dept. Date

 5/8/17
 Segment Administrator Date

 5/15/17
 Superintendent Date

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 Date

Date(s) of Event Location

Event Title (attach brochure)

Purpose*

*(what value does this activity give students, attendees, staff, department/site or community?)

How does this travel align with the District's strategic plan?


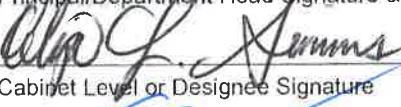

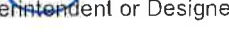
How will this activity/event be used and shared?

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>
Michael Baradat	Teacher	No	<input type="text"/>	<input type="text"/>
Nicole Baradat	Teacher	No	<input type="text"/>	<input type="text"/>
Elizabeth Henrikson	Teacher	No	<input type="text"/>	<input type="text"/>
Katie Miller	Teacher	No	<input type="text"/>	<input type="text"/>

Additional Attendees Attached

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

Approvals:

	<u>5/11/17</u>
Principal/Department Head Signature & Print Name	Date
	<u>5/8/17</u>
Cabinet Level or Designee Signature	Date
	<u>5/12/17</u>
Chief Business Officer Signature	Date
	<u>5/15/17</u>
Superintendent or Designee Signature	Date

District cost for all attendees (estimate)

Registration Fee ***	0.00
Meals included? <input checked="" type="checkbox"/> Yes	
B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/>	
Lodging	0.00
Transportation	0.00
Meals	0.00
Other	0.00
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 ****	_____	_____