

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 10.1k

Meeting Date: October 5, 2017
<u>Subject</u> : Approve C.K. McClatchy High School Field Trip to Las Vegas, Nevada October 26-29, 2017
 ☐ Information Item Only ☐ Approval on Consent Agenda ☐ Conference (for discussion only) ☐ Conference/First Reading (Action Anticipated:) ☐ Conference/Action ☐ Action ☐ Public Hearing
<u>Division</u> : Deputy Superintendent
Recommendation: Approve McClatchy High School Field Trip to Las Vegas, Nevada October 26-29, 2017
Background/Rationale: On October 26, 2017 a group of 15 students, 1 teacher chaperone, and 2 Parent chaperone from McClatchy High School will travel via airline to Las Vegas, Nevada to participate in Meadows Debate Tournament at Meadows School.
<u>Financial Considerations</u> : No cost to the district.
LCAP Goal(s): College and Career Ready Students
<u>Documents Attached:</u> 1. Out of State Field Trip Documents

Estimated Time of Presentation: N/A

Submitted by: Lisa Allen, Deputy Superintendent

Mary Hardin Young, 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 NameCK McClatchy	
Teacher's Name Stephen Goldberg Room #	Telephone # 9167120782
Todolor o Harrie South of Sout	Fax # 9165512196
Field Trip Destination The Meadows School, Las Vegas, NV	
Local-50 mile radius (bus/walking) Local-50 mile radius (driver led trips) (forward directly to Field Trip Office)	X Out-of-Town (Beyond 50 mile radius)
Overnight χ Out-of-State/Country Involving Swimming of	r Wading Unusual Activities
Route Fly from Sacramento to Las Vegas	and the second s
Educational nature of field trip/excursion Debate tournament	
Depart Date 10 / 26 / 17 Time 1:30 pm am/pm Return Da pm_am/pm	te 10 / 29 / 17 Time 10:30
TRANSPORTATION will be provided by: Walking School Bus - contact Transportation Transportation School Bus - contact Transportation Transportation Walking School Bus - contact Transportation Transportation Transportation Transportation Transportation Walking School Bus - contact Transportation Transportation Transportation Transportation Walking School Bus - contact Transportation Transportation Transportation Transportation Transportation Walking School Bus - contact Transportation	Automobile Use Form for each vehicle es for fingerprint clearances)
Funding Source CKM Debate Boosters No	_Financial Assistance Available? X Yes
Number of students participating: 4	
Adult Chaperones/Drivers: DRIVER	DRIVER
1) Autumn Valerio Boy lan yes X no 2) yes no 4)	Xyes no yes no
Teachers and Staff Attending:	
1) Stephen Goldberg yes X no 2) yes no 4)	yes no
	ate
The Harlage Herritan (Shadada Harlage	ate <u> </u>
Segment Administrator ApprovalDa	te
Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip	2.

- 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, skling, 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 <u>CK McClatchy</u> //	Date9/13/17
Teacher's Name <u>CK McClatchy</u> 916-712-0782	Room #Telephone
Field Trip Destination The Meadows School, La	s Vegas, NV
Reason for travel <u>Debate tournament</u>	
Manage and the second of the s	
List unusual activities, water activities or high ris rock climbing, skiing, etc.) as a special parent was contract or waiver to Risk Management for reviewitinerary for each day	alver may be required. Subsett
Signed Signed Sollie Teacher	
Approvals: Principal O 21	ate
Risk Management Dept. D	ate
Segment Administrator D	<u>/ / 7</u> ate
Superintendent D.	117 ate
/ / Board Approval Date	

TRAVEL REQUEST FORM (ACC-F014) Sacramento City Unified School District

Request to Attend:	Conference/Workshop			Complete Payable a	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.		
; Conterence/workshop				proposed			
Business Meeting				REQ #			
School/Department CK McCletchy		**** *********************************			Date September	19, 20	
October	26-29, 201	Location [Meadows So	chool, La	s Vegas, NV		
Event Title (attach brochure)	Mandous De	chate Tournam	ent.				
Purpose ⁴ Cosch CK McCletchy's po	ilicy dobate team	IDALE AVGILAGE		First was to			
(what value does this activity give stu	dents, altendees, stall,	department/site or comm	mlty?)				
How does this travel slign with the Di	strict's strategic plan?						
How will this activity/event be used a	nd showed?		0.9				
Name of Allendee(s) (attach sheet for additional a	W	Position	Substitute (YIN)* •	No. of Days Required	Budget Code (for substitute)	-	
Stephen Goldberg	Deb	oate Coach	No				
			No		*		
	——		No No	$\vdash\vdash\vdash$			
			No				
"IF A SUBSTITUTE IS NEEDED, S	SEND A COPY OF TH	IS FORM TO PERSON	IEL. BÓX 770	ПА	ddillonal Altendees Altach	16d	
Approvals:	THIRE IS SELL OF THE	01			li attendees (ostimale)		
The state of the s		7	1911)		egistration Fee *** 0]	
Principal/Department Head Sign	nature & Print Name	(1 /7)	10/17		uded? Yes		
Cabinet Level or Designee Sign	alure		10.	Lodging	0		
	3,510	9/2	1/17	Trensportation	10		
Chief Business Officer Signature	0	Da	le	Moels	0	1	
		9	26/17	Olhor	0		
Superintendent or Designee Sig	nature	Dai	le /	TOTAL	Ť		
E 000 - 1 1	Budget Cade(s):		<u> </u>	101112	Š		
1 1 dateBotton	bouget occores.		11-		·		
General Fund/Unrestricted	9				**	1	
***If any meals are included in the			Breakfast	Lunch _	Dinner		
Prepayment Roquested: All ched	ke will be sent to the		prior arrangeme			eck	
		Requisition #		Dollar Amount	1	- 1	
Registration Fee							
Hotel Airlare ****					****	1	
Car Rental ****	Section 1						
**** If siriare or car rental is requ	ested, send a copy	of this form to Purcha	eing, 8ox 830				
Rov.F 3-22-11	.,	ACC-F014			p	Page 1 of 1	