



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 11.1f

Meeting Date: May 17, 2018

Subject: Approve Kit Carson International Academy Field Trip to Washington, D.C.
from May 28 - June 1, 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 Kit Carson International Academy Field Trip to Washington, D. C. from May 28 to June 1, 2018.

Background/Rationale: On May 28, 2018 a group of 21 students and two teacher chaperones from Kit Carson International Academy will travel via commercial airline to Washington D.C. This trip will enable the students to experience what they have been studying in American History this year. This trip includes visits to the United States Capitol, Arlington National Cemetery, and various Smithsonian Museums.

Financial Considerations: No cost to the district.

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

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 Kit Carson International Academy

Date 02 / 01 / 2018

Teacher's Name Shawn D'Alesandro

Room # F2

Telephone #: 916-277-6750

Fax #: 916-277-6770

Field Trip Destination Washington, D.C.

☐ 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 We will fly from Sacramento to Washington, D.C.

Educational nature of field trip/excursion to tour our Nation's Capital

Depart Date 05 / 28 / 2018 Time TBD am/pm

Return Date 06 / 01 / 2018 Time TBD 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 Each individual family paid for their trip

Financial Assistance Available? ☐ Yes ☐ No

Number of students participating: 21 students

Adult Chaperones/Drivers:	DRIVER	DRIVER
1) <u>Shawn D'Alesandro</u>	<input type="checkbox"/> yes <input checked="" 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>Shawn D'Alesandro</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no 2) <u>Robert Martine</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
3) _____	<input type="checkbox"/> yes <input type="checkbox"/> no 4) _____	<input type="checkbox"/> yes <input type="checkbox"/> no

Principal Approval [Signature]

Date 3/2/18

Risk Management Approval (Unusual Activities) [Signature]

Date 5/1/18

Segment Administrator Approval [Signature]

Date 5-1-18

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

1. **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.
2. **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.
3. **Out-of-Town:** (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
4. **Overnight Trip:** Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
5. **Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
6. **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**.
7. **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 automatically rejected by the Board of Education.
8. **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: Kit Carson International Academy

Date: 02 / 01 / 2018

Teacher's Name: Shawn D'Alesandro Room # F2

Telephone #: 916-277-6750

Field Trip Destination: Washington, D. C.

Reason for travel: We have been studying American History during the 2017-2018 school year.

Parents and staff members feel that taking a trip like this, that enables the students to experience what they have been studying is a once in a lifetime opportunity. All of the sights and sounds of American History will be visited.

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.

Signed

Shawn D'Alesandro
Teacher

Approvals:

Principal Date

3, 2, 18

Risk Management Dept. Date

5, 1, 18

Segment Administrator Date

5, 1, 18

Superintendent Date

5 / 10 / 18

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 # _____
School/Department <u>Kit Carson International Academy</u>		Date <u>Mar 20, 2018</u>
Date(s) of Event <u>May 28 - June 1, 2018</u>		Location <u>Washington, D.C.</u>
Event Title (attach brochure) <u>Field Trip</u>		
Purpose* <u>Field Trip Tour of the Nation's Capital</u>		
*(what value does this activity give students, attendees, staff, department/site or community?)		
How does this travel align with the District's strategic plan? <u>College and career ready students</u>		
How will this activity/event be used and shared?		
Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)*
No. of Days Required	Budget Code (for substitute)	
<u>Shawn D'Alesandro</u>	<u>Teacher</u>	<u>Yes</u>
<u>Robert Martine</u>	<u>Teacher</u>	<u>Yes</u>
<u> </u>	<u> </u>	<u>No</u>
<u> </u>	<u> </u>	<u>No</u>
<u> </u>	<u> </u>	<u>No</u>
<input type="checkbox"/> Additional Attendees Attached		
**IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770		
Approvals:		District cost for all attendees (estimate)
Principal/Department Head Signature & Print Name <u>[Signature]</u>		Registration Fee *** <u>0.00</u>
Cabinet Level or Designee Signature <u>[Signature]</u>		Meals included? <input type="checkbox"/> No
Chief Business Officer Signature <u>[Signature]</u>		B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/>
Superintendent or Designee Signature <u>[Signature]</u>		Lodging <u>0.00</u>
<u>3/20/18</u> Date		Transportation <u>0.00</u>
<u>5/1/18</u> Date		Meals <u>0.00</u>
<u>5/3/18</u> Date		Other <u>0.00</u>
<u>5/3/18</u> Date		TOTAL <u>\$ 0.00</u>
<input type="checkbox"/> Categorical		Budget Code(s): _____
<input type="checkbox"/> 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	<u>n/a</u>	<u>0.00</u>
Hotel	<u>n/a</u>	<u>0.00</u>
Airfare ****	<u>n/a</u>	<u>0.00</u>
Car Rental ****	<u>n/a</u>	<u>0.00</u>
**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830		