

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item 11.1g

Meeting Date: November 16, 2017

<u>Subject</u>: Approve West Campus High School Field Trip to Phoenix, Arizona December 18-22, 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 West Campus High School Field Trip to Phoenix, Arizona December 18-December 22, 2017

Background/Rationale: On December 18, 2017 a group of 11 students, 1 teacher chaperone, and 2 Parent chaperone from West Campus High School will travel via Commercial Airline to Phoenix, Arizona to participate in the Nike Tournament of Champions.

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: Lisa Allen, Deputy Superintendent

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_ West Campus High School	Date_10	/24	/2017				
Teacher's Name_John Langston	Room #Telephone #_ ⁽⁹¹⁶⁾⁵³¹⁻³⁵²		#_(916)531-3529				
		Fax #					
Field Trip Destination_Phoenix, Arizona							
Local-50 mile radius (bus/walking) Local-50 mile rad (forward directly to Field Trip Office)	lius (driver led trips) 🔳 Ou	t-of-Town (Beyo	nd 50 mile radius)				
Overnight Out-of-State/Country	nvolving Swimming or Wadin	g 🗌 Unusi	ual Activities				
Route Airplane and then car rental							
Educational nature of field trip/excursion Nike Basketball Tournament							
Depart Date 12 / 18 / 17 _ Time 9:20 mpm	Return Date 12 / 22	/17_ _{Time} 1	1:30 am m				
TRANSPORTATION will be provided by: Walking Charter Bus Company (certified): Yes Private Vehicle/Parent Driver/Faculty Driver - Compl and driver, must have fingerprint clearance (check w Public Transportation Train Comme	No - Check with Field Tri ete Volunteer Personal Auton /ith Human Resources for fing	p Office nobile Use Form	ı for each vehicle es)				
Funding SourceF	inancial Assistance Available'	? 🗋 Yes	🗌 No				
Number of students participating; <u>11</u>							
Adult Chaperones/Drivers: DRIVER		D	RIVER				
1) Reina Hudson yes no 2) 3) yes no 4)	Soledad Montemayor	ye					
Teachers and Staff Attending:							
1) John Langston ■ yes □ no 2) 3) □ yes □ no 4)		yes	☐ no ☐ no				
Principal Approval Dar Martin	21 Date 101	122/17					
Risk Management Approval (Unusual Activities)	Maching Date 11	117					
Segment Administrator Approval	Date_/	1-7-15					

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 grips to Principal for approval then forward to Segment Administrator for approval 6 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. 4

Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. 5.

Trip Involving Unusual Activities (Water sports or high risk activities such as rafting, sock 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. 6.

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 7 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.

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

Field Trip Request Form RSK-F106A

Sacramento City Unified School District OUT-OF-STATE OR OUT-OF-COUNTRY TRAVEL REQUEST						
School Name West Campus High School Date 10 17 2017 Teacher's Name John Langston Room # Telephone # (916)531-3529 Field Trip Destination Phoenix, Arizona Reason for travel Nike Basketball Tournament from 12/18-12/22						
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						
Approvals: Principal Principal Approvals: Principal Risk Management Dept. Segment Administrator Superintendent						
Board Approval Date						

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

Request to Attend:	Purpose for 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.		
F Business Meeting	Continued Education Credits Earned			REQ #		
School/Department West Campus	High School	H		h	Date Oct 17, 2	017
Date(s) of Event December 18-22,	2017	Location Phoenix, Arizon	na			
Event Title (attach brochure)	Nike Basketball Tournament					
Purpose*	athletic experience to the gir	ls varsily team.				
*(what value does this activity give stu	idents, attendees, staff, depart	ment/site or community?)				
How does this travel align with the Di	istrict's strategic plan? It will	enhance the athletic program	m and prepar	e the team to con	tinue to meet high st	andards.
How will this activity/event be used a Name of Attendee(s) (attach sheet for additional a	2	Position S	Substitute No	•	Budget Code	
John Langston		Suspension Staff	(Y/N)** R	equired	(for substitute)	
John Langston			No			
			No			
-			No	<u> </u>		
I			No		ional Attendees At	tached
**IF A SUBSTITUTE IS NEEDED,	SEND A COPY OF THIS FO	RM TO PERSONNEL, BOX			tendees (estimate)	
Approvals:		(0/72/)	-		tration Fee ***	0.00
Principal/Department Head Sign	nature & Print Name	<i>(0/27/1</i> Date	1	Meals include	d?	
Cw/h	-	11-3-17	В		рГ	
Cabinet Level or Designee Sign	ature	Date	- Lo	dging	0.00	
al		11/2/17	, 1 ^{Tr} 1	ansportation	0.00	
Chief Business Officer Signatur	e	Date	Me	eals	0.00	
		11/6/17	— Ot	her	0.00	
Superintendent or Designee Sig	inature	Date		TOTAL \$	0.00	
Categorical	Budget Code(s):			\$		
General Fund/Unrestricted				\$		
***If any meals are included in the	e cost of registration, how r	many of each: Breakfas	st	Lunch	Dinner	
Prepayment Requested: All che	cks will be sent to the site/c	department unless prior ar	rangements	have been made		p check
		uisition #		ollar Amount		
Registration Fee						
Hotel						
Airfare ****						
Car Rental ****						
**** If airfare or car rental is requ	lested, send a copy of thi	is form to Purchasing, Bo	x 830			
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