

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 13.1i

Meeting Date: June 8, 2023
Subject: Approve California Middle field trip to Ashland, OR from June 9-11, 2023
☐ 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 California Middle field trip to Ashland, OR from June 9-11 2023
Background/Rationale : On June 9, 38 students and four teachers will travel via charter bus to Ashland, OR to the Shakespeare Festival. Students will enhance their knowledge about theater production and acting methods.
<u>Financial Considerations</u> : There is no cost to the district. Expenses will be paid by student fundraising.
LCAP Goal(s) : College preparedness, increasing communication and critical thinking skills.
Documents Attached: 1. Out-of-state field trip documents
Estimated Time of Presentation: N/A
Submitted by: Lisa Allen, Deputy Superintendent
Vanessa Buitrago, 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.

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School Name_ California Middle School	Date	4]	13		2023
Teacher's NameRebecca Long	Room #		_Telephor Fax #	ne # <u>9</u>	16-395- <u>5</u> 302
Field Trip Destination_Ashland Oregon - Shakespeare Festival					
Local-50 mile radius (bus/walking) Local-50 mile radius (driv	er led trips)	X Out-of	-Town (Be	yond {	50 mile radius
	Swimming o	r Wading	Unu	Isual A	Activities
Route I-5 North, 297 Miles to Ashland Oregon - See attached	route/map				
Educational nature of field trip/excursionTheater					
Depart Date 6 / 9 /2023Time 9:30 am/pm Ret	urn Date <u></u>	111 12	3Time	33	am pm
TRANSPORTATION will be provided by: Walking School B Charter Bus Company (certified): Yes No Private Vehicle/Parent Driver/Faculty Driver - Complete Volu and driver, must have fingerprint clearance (check with Human Public Transportation Train Commercial Airline)	- Check with nteer Persona an Resources	Field Trip O al Automobi	ffice le Use For rint cleara	rm for nces)	each vehicle
Funding Source Student and PTO Financial	Assistance A	/ailable?	X Yes		□No
Number of students participating: _36					
Adult Chaperones/Drivers: Use additional forms if more than 4 names					
1) Megan Jones DRIVER 1) Megan Jones DRIVER 1) yes Driver 2) Megan Jones DRIVER 2) yes Driver 3) DRIVER 4) Jes	ggan M Hica E	Call scobe		DRIV yes yes	no no
Teachers and Staff Attending: Use additional forms if more than 4 name	s				
1) Rebecca Long	el Holt		☐ yes ☐ yes		no no
Principal Approval	Da	e4/17/	23		_
Risk Management Approval (Unusual Activities)	Da Da	te_5/2	2/23		
Instructional Assistant Superintendent Approval	0-1-D	ate 5/1	123		
Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution requ	lired for each trip:	(0)	,		
 Local Trip (school or charter bus): (50-mile radius) - Submit to Principal for approval. All name of approval. Local Trip: (50-mile radius: driver led) - Submit driver led trips to Principal for approval then forward Local Trip: (walling, RT, Amtrak): Submit walking trips to Principal for approval then forward to Instructional. Out-of-Town: (beyond 50-mile radius) - Submit to Principal for approval then forward to Instructional Overnight Trip: Submit to Principal for approval then forward to Instructional. Trip Involving Swimming or Wading: Submit to Principal for approval then forward to Instructional. 	to Instructional Ass ctional Assistant Su Il Assistant Superini ent for approval 6 w	islant Superinter perintendent for endent for appro eeks prior to trip.	ndent for appro approval 2 wee val 6 weeks pri	val 6 wee aks prior i ior to trip.	eks prior to trip. to trip.

7. Trip involving Unusual Activities (Water sports or high risk activities such as rafting, snorkeling, rock climbing, skiling, etc.) - Submit to Principal for approval then forward to Instructional Assistant Superintendent 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 Instructional Assistant SuperIntendent for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Instructional Assistant SuperIntendent 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 Instructional Assistant Superintendent, Maintain a copy of all forms at site for 2 years

10. Venue/Destination: Must comply with SCUSD COVID19 Mitigation Guidelines for all trips outside of district facilities.

Reviewed by Site Office Manager: (Minibals)

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

School Name California Middle School Date 4 11 23							
Teacher's Name Rebecca Long Room # 32 Telephone # 916-395-5302							
Field Trip Destination Ashland, Oregon - Shakespeare Festival							
Reason for travel Theatre group going to see theatre productions and							
engage in theatre workshops.							
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							
Approvals: Hrincipal Date 5, 22, 23							
Risk Management Dept. Date							
Munt 5,11,23							
Segment Administrator Date							
Superintendent Date							
Board Approval Date							

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unifled School District

Request to Attend:	_	e for Attending: ional Development	completed an Payable at lea	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,			
☐ Business Meeting	Continu	ed Education Credits Earned	REQ#				
School/Department California	Middle School			Date 5/10/2023			
Date(s) of Event June 9-11, 2	023	Location Ashland Orego	on				
Event Title (attach brochure)	Shakespeare	Festival					
Engage in theatre	workshops an	d attend theatre productions.					
*(what value does this activity give stu		Field trip for theatre ctudents					
How does this travel align with the Di							
How will this activity/event be used a Name of Attendes(s) (attach sheet for additional a		nance knowledge of theatre pro Subsilion (Y/N)	tute No. of Days	methods. Budget Code (for substitute)			
Rebecca Long		Teacher No.					
Michael Holt		Teacher No.	Y				
		No					
		No					
**IF A SUBSTITUTE IS NEEDED.	SEND A COPY OF	THIS FORM TO PERSONNEL, BOX 770	☐ Addi	tional Attendees Attached			
Approvals:		5/10/23	District cost for all at	stration Fee ***			
Principal/Department Assay Sig	nature & Print Na	Date 5/11/23	8				
Cabinet Level or Designee Sign	nature	50 Ate 1/23	Lodging Transportation				
Chief Business Officer Signatur	re e	Date	Meals				
	District Control	6/1/23	Other				
Superintendent or Designee Si	gnature	Date	TOTAL				
Categorical	Budget Code(s):			5			
General Fund/Unrestricted			•	\$			
***If any meals are included in th		on, how many of each: Breekfast _	Lunch	Dinner			
Prepayment Requested: All che	cks will be sent to	the site/department unless prior arrange Requisition #	oments have been made Dollar Amount	e (with AP) to pick up check			
Registration Fee	-						
Airfare **** Car Rental ****	-						
**** If airfare or car rental is req	uested, send a co	opy of this form to Purchasing, Box 83	0	Page 1 o			