

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item#__8.1d___

Meeting Da	<u>te</u> : May 1, 2014					
Subject:	Albert Einstein Middle School Field Trip to Ashland, Oregon May 30 to June 1, 2014					
App Con Con Action	rmation Item Only roval on Consent Agenda ference (for discussion only) ference/First Reading (Action Anticipated:) ference/Action on lic Hearing					
Division: Ch	nief of Schools					
Recommend 30 to June 1,	<u>dation</u> : Approve Albert Einstein Middle School Field Trip to Ashland, Oregon May 2014					
transported for Students will	VRationale: May 30 to June 1, 2014 31 students, and 5 adult chaperones will be rom Albert Einstein to Ashland, Oregon via Amador Stage Lines charter bus. attend two plays at the Shakespeare Festival and learn about theater. Students apanied at all times by adult chaperones.					
Financial Co and fundraisi	ensiderations: No cost to the district. Expenses paid through parent contribution ng.					
<u>Documents Attached:</u> Out of State Field Trip Documents						
Estimated Tir	ne of Presentation: N/A					
Submitted by	: Lisa Allen, Chief of Schools					
	Mary Hardin Young, Area Assistant Superintendent					

Approved by: Sara Noguchi, Ed. D., Interim Superintendent

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

1.53

School Name Date 3/14/14
Teacher's Name Marie Rodriguez Room # 18 Telephone #225-5800
Field Trip Destination Ashland, Oregon
Reason for travel Students will attend two plays, learn more about theater
and Shakespeare
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 Marie Rodriguez Teacher
Approvals:
Rrindipal Date
Risk Management Dept. Bate
mgnorng 3/25/14
Segment Administrator Date
Superintendent Date
Board Approval Date

Print Form

Sacramento City Unified School District

FIELD TRIP REQUEST FORM

(USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form required for <u>each</u> student field trip, See reference distribution section for details concerning each type of trip. School Name Albert Einstein Date March 14, 2014
Teacher's Name Marie Rodriguez Room # 18 Telephone #595-4854 Fax # 228-5813
Field Trip Destination Ashland, Oregon - Southern Organ University
☐ Local (50 mile radius) ☐ Out-of-Town (Beyond 50 mile radius) ☐ Overnight
Out-of-State/Country Involving Swimming or Wading Unusual Activities Route Interstate 5
Educational nature of field trip/excursion Students will be attending two plays and staying in college dorms
Depart Date May 30 Time 7:15 am am/pm Return Date June 1st Time 2pm 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: Bus
Funding Source Students Financial Assistance Available? • yesno
Number of students participating: 46 Max 31
Adult Supervisors/ Drivers: DRIVER DRIVER
1) Chartered Bus Driver 3) yes
Teachers and Staff Attending:
1) Marie Rodriguez
Principal Approval Date 3/14/14
Risk Management Approval (Unusual Activities) Turking Cacha Date 03/20/14
Segment Administrator Approval 7/19 1/19 Date 3/25/14
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, skling, 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.

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

Request to Attend:	Purpose for Attending:				comp	Instructions: This form must be completed and received in Accounts Payable at least 30 days prior to the		
IX Conference/Workshop						proposed trip- 60 days if out-of-state.		
Business Meeting Continued Education Credits Earned						REQ#N/A		
School/Department ALBER EINSTE	IN MIDDLE SCH	HOOL		***************************************		Date 3/20/2014		
Date(s) of Event 5/30/2014- 6/1/201	TY, ASHLAND, OREGON							
Event Title (attach brochure)	REGON SHAKE	ESPEARE FESTIVAL						
Purpose* WHILE ON A COLLEGE				ITS HAVI	E STUDIED	O THROUGOUT THE SCHOOL YEAR		
*(what value does this activity give stu	dents, attendees,	staff, department/site or	community?)					
How does this travel align with the Di	strict's strategic	plan? PILLAR I COLLE	GE AND CAREE	R READ	Y STUDEN	ITS		
How will this activity/event be used a	nd shared? Th	ROUGH DIRECT PRE						
Name of Attendee(s) (attach sheet for additional a	ttendees)	Position		ubstitute (Y/N)* *	No. of Day Required	maagot oodb		
MARIE RODRIGUEZ		TEACHER		Yes	1	01-7090-0-1102-10-1110-2140-141-0410-000		
GARY KRETZSCHMAR		TEACHER		Yes	1	01-7090-0-1102-10-1110-2140-141-0410-000		
GIOVANNI BOONE		TEACHER		Yes	1	01-7090-0-1102-10-1110-2140-141-0410-000		
SCOTT COMBRINK	·	TEACHER		Yes	1 1	01-7090-0-1102-10-1110-2140-141-0410-000		
ANNA RUGGIERO		TEACHER		Yes] [1]	01-7090-0-1102-10-1110-2140-141-0410-000		
**IF A SUBSTITUTE IS NEEDED, S	SEND A COPY	OF THIS FORM TO PE	RSONNEL, BOX	770		Additional Attendees Attached		
Approvals:				Di	strict cost	for all attendees (estimate)		
CALL			3)20/14			Registration Fee *** 0.00		
Principal/Department Head Sign	Name -	Meals included?						
man 1 ha	19-	Date 3/25/14			BF LF DF			
Cabinet Level or Designee Sign	attyre		Date /			Lodging 0.00		
32 NT	3/28/14			Transportation 0.00				
Chief Business Officer Signature		Date 4		Meals 0.00				
SuperIntendent or Designee Sig	nature		<i>── </i>			0.00		
TOTAL \$ 0.00								
Categorical	Budget Code(s):		······································		\$		
General Fund/Unrestricted \$								
***If any meals are included in the	cost of registra	ation, how many of ea	ch: Breakfas	st	Lun	nch Dinner		
Prepayment Requested: All ched	cks will be sent	to the site/department	t unless prior arr	angeme	nts have b	een made (with AP) to pick up check		
		Requisition #			Dollar Ai	mount		
Registration Fee								
Hotel			· · · · · · · · · · · · · · · · · · ·					
Airfare ****								
Car Rental ****								
**** If airfare or car rental is requ	uested, send a	copy of this form to	Purchasina. Bo	x 830	**************************************			
Rev F 3-22-11		, ,	CC-F014			Page 1 of 1		