



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 8.1e

Meeting Date: May 1, 2014

Subject: California Middle School Field Trip to Ashland, Oregon June 4 – 6, 2014

- ☐ Information Item Only
- ☒ Approval on Consent Agenda
- ☐ Conference (for discussion only)
- ☐ Conference/First Reading (Action Anticipated: _____)
- ☐ Conference/Action
- ☐ Action
- ☐ Public Hearing

Division: Chief of Schools

Recommendation: Approve California Middle School Field Trip to Ashland, Oregon June 4-6, 2014

Background/Rationale: June 4 - 6, 2014 88 students, one teacher and 11 parents from California Middle School will travel via charter bus to Ashland, Oregon to attend the Shakespeare Festival. Students will be accompanied by chaperones to all plays and activities.

Financial Considerations: No cost to the district. Expenses paid through parent contribution and fundraising.

Documents Attached: Out of State Field Trip Documents

Estimated Time of Presentation: N/A

Submitted by: Lisa Allen, Chief of Schools

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

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

School Name California Middle School Date June 4-6, 2014
 Teacher's Name Senta Shelton Room # 2 Telephone # 916-395-5302

Field Trip Destination Oregon Shakespeare Festival, Ashland, OR

Reason for travel Expanding eighth grade students' knowledge of Shakespeare and
other playwrights while reinforcing the lessons they have learned this year
in their Language Arts classes.

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.

None anticipated

Attach a detailed itinerary for each day: See attached

Signed Senta Shelton
 Teacher

Approvals:

Elizabeth Vigil 3/21/14
 Principal Date

Kerianne Marshack 4/1/14
 Risk Management Dept. Date

[Signature] 3/27/14
 Segment Administrator Date

[Signature] 4-8-14
 Superintendent Date

Board Approval Date

Sacramento City Unified School District
FIELD TRIP REQUEST FORM
 (USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form required for each student field trip. See reference distribution section for details concerning each type of trip.
 School Name California Middle School Date 3/10/14

Teacher's Name Senta Shelton Room # 2 Telephone # 395-5302
 Fax # 264-4477

Field Trip Destination Oregon Shakespeare Festival, ASHLAND, OREGON

☐ Local (50 mile radius) ☐ Out-of-Town (Beyond 50 mile radius) ☒ Overnight
☒ Out-of-State/Country ☐ Involving Swimming or Wading ☐ Unusual Activities

Route I-5 North

Educational nature of field trip/excursion Expanding eighth grade students' knowledge of Shakespeare and
other playwrights while reinforcing lessons they learned in ELA.

Depart Date 6/4/14 Time 8:30 am am/pm Return Date 6/6/14 Time 4:30 pm 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: _____

Funding Source Parent/Guardian Payments Financial Assistance Available? ☒ yes ☐ no

Number of students participating: 88

Adult Supervisors/ Drivers:	DRIVER		DRIVER
1) <u>Lauren Keene</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	2) <u>Renee Siden</u>	<input type="checkbox"/> yes <input type="checkbox"/> no
3) <u>Juanita Rodriguez</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	4) <u>Jeff Thomas</u>	<input type="checkbox"/> yes <input type="checkbox"/> no

Teachers and Staff Attending:

1) <u>Senta Shelton</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

Principal Approval *Elizabeth G. V...* Date 3/10/14

Risk Management Approval (Unusual Activities) *[Signature]* Date 4/1/14

Segment Administrator Approval *[Signature]* Date 3/27/14

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

1. **Local Trip:** (50 mile radius) - Submit to Principal for approval. Maintain all documents at site.
2. **Out-Of-Town:** (beyond 50 mile radius) - Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
3. **Overnight Trip:** Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
4. **Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment Administrator 10 days prior to trip.
5. **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 and Risk Management 6 weeks prior to trip. **Must purchase Special Event Liability Insurance.**
6. **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.

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

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 # _____
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School/Department CALIFORNIA MIDDLE SCHOOL	Date MARCH 21st, 2014
Date(s) of Event JUNE 4th - JUNE 6th, 2014	Location ASHLAND, OREGON
Event Title (attach brochure) OREGON SHAKESPEARE FESTIVAL/WORKSHOP & WATCH 3 PLAYS	
Purpose* ATTEND 3 PLAYS AT SHAKESPEARE FESTIVAL AND EDUCATIONAL PROGRAMS AT SOUTHERN OREGON UNIVERSITY	
*(what value does this activity give students, attendees, staff, department/site or community?) _____	
What Board goal/priority does this travel support? ACCLAIMED LITERATURE STUDIES	
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)
SENTA SHELTON	TEACHER	Yes	3	01-0000-0-1102-10-1110-1000-141-0415-000
		No		
		No		
		No		

Additional Attendees Attached

****IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770**

Approvals: <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div> <i>Elizabeth Vigil</i> Principal/Department Head </div> <div> 3/21/14 Date </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div> <i>[Signature]</i> Associate Superintendent/Assistant Superintendent </div> <div> 3/27/14 Date </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div> <i>[Signature]</i> Deputy Superintendent/CFO (Finance) </div> <div> 4/2/14 Date </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <i>[Signature]</i> Superintendent or Designee </div> <div> 4-8-14 Date </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Categorical Budget Code(s): _____ <input type="checkbox"/> General Fund/Unrestricted _____ </div>	District cost for all attendees (estimate) Registration Fee *** 0.00 Meals included? B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging 0.00 Transportation 0.00 Meals 0.00 Other 0.00 TOTAL \$ 0.00
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☐ Categorical Budget Code(s): _____
☐ 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 _____	_____
Hotel _____	_____
Airfare **** _____	_____
Car Rental **** _____	_____

**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830