



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 9.1c

**Meeting Date:** March 6, 2014

**Subject:** Albert Einstein Middle School Field Trip to Washington D.C. April 12 – 16, 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 Albert Einstein Middle School Field Trip to Washington D.C. April 12 – 16, 2014

**Background/Rationale:** April 12 – 16, 2014 2 students and 2 teachers will meet at Sacramento Airport for flight to Washington D.C. Upon arrival in Washington D.C. students will join World Strides Course leaders to visit the many museums and historical monuments in our Nation's Capital. Students and staff have accommodations at Dulles Airport Marriott. They will be accompanied at all times by adult chaperones.

**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:** Mary Hardin Young, Area Assistant Superintendent

**Approved by:** Lisa Allen, Chief of Schools

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

School Name Albert Einstein Middle School Date January 14, 2014  
 Teacher's Name Mrs. Marie Rodriguez Room # 18 Telephone # 228-5800

Field Trip Destination Washington DC





Reason for travel Students will learn and explore historical points of interest  
in the Washington DC area including museums and memorials. The tours and  
lodging are organized by Worldstrides.

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: See attached page

Signed Mrs Marie Rodriguez  
 Teacher

**Approvals:**

<u></u>	<u>1/14/14</u>
Principal	Date
<u></u>	<u>02/09/14</u>
Risk Management Dept.	Date
<u></u>	<u>2/3/14</u>
Segment Administrator	Date
<u></u>	<u>2-7-14</u>
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 Albert Einstein Middle School Date January 9, 2014

Teacher's Name Mrs. marie Rodriguez Room # 18 Telephone # 228-5800  
Fax # 228-5813

Field Trip Destination Washington DC

Local (50 mile radius)  Out-of-Town (Beyond 50 mile radius)  Overnight

Out-of-State/Country  Involving Swimming or Wading  Unusual Activities

Route Sacramento Airport

Educational nature of field trip/excursion Students will explore and learn about historical points of interest including museums and memorials.

Depart Date 4/12 Time TBD am/pm Return Date 4/16 Time TBD 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 Student Families Financial Assistance Available?  yes  no

Number of students participating: 9

Adult Supervisors/ Drivers: DRIVER DRIVER  
1) Stephanie Morrison  yes  no 2) \_\_\_\_\_  yes  no  
3) \_\_\_\_\_  yes  no 4) \_\_\_\_\_  yes  no

Teachers and Staff Attending:  
1) Marie Rodriguez  yes  no 2) \_\_\_\_\_  yes  no  
3) [Signature]  yes  no 4) \_\_\_\_\_  yes  no

Principal Approval \_\_\_\_\_ Date 1/14/14

Risk Management Approval (Unusual Activities) [Signature] Date 2/04/14

Segment Administrator Approval [Signature] Date 2/3/14

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

<b>Request to Attend:</b> <input checked="" type="checkbox"/> Conference/Workshop  <input type="checkbox"/> Business Meeting	<b>Purpose for Attending:</b> <input type="checkbox"/> Professional Development  <input type="checkbox"/> Continued Education Credits Earned	<b>Instructions:</b> This form must be completed and received in Accounts Payable at least <b>30 days</b> prior to the proposed trip - <b>60 days</b> if out-of-state.  REQ # _____
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School/Department: ALBERT EINSTEIN Date: Jan 15, 2014

Date(s) of Event: 4/10/14- 4/14/14 Location: WASHINGTON, DC

Event Title (attach brochure): WORLD STRIDES WASHINGTON DC STUDENT TRIP

Purpose\*: FOR STUDENTS TO EXPERIENCE GOVERNMENT AND HISTORY IN PERSON.

\*(what value does this activity give students, attendees, staff, department/site or community?)

How does this travel align with the District's strategic plan? PILLAR 1- CAREER AND COLLEGE READY STUDENTS, GIVING STUDENTS AN IN DEPTH LOOK AT JOB FIELDS, HOW GOVERNMENT IS RUND AND THE HISTORY OF OUR COUNTRY

How will this activity/event be used and shared? STUDENTS AND STAFF WIL SHARE THEIR EXPERIENCES IN PHOTOS AND PRESENTATIONS.

Name of Attendee(s) <small>(attach sheet for additional attendees)</small>	Position	Substitute (Y/N) * *	No. of Days Required	Budget Code <small>(for substitute)</small>
MARIE RODRIGUEZ	TEACHER	Yes	2	01-3010-0-1102-10-1110-2140-141-0410-000
		No		
		No		
		No		
		No		

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

<b>Approvals:</b> Principal/Department Head Signature & Print Name: <u><i>Emi</i></u> Date: <u>1/15/14</u> Cabinet Level or Designee Signature: <u><i>M. Young</i></u> Date: <u>2/3/14</u> Chief Business Officer Signature: <u><i>[Signature]</i></u> Date: <u>2/5/14</u> Superintendent or Designee Signature: <u><i>[Signature]</i></u> Date: <u>2-7-14</u>	District cost for all attendees (estimate) Registration Fee *** <u>0.00</u> Meals included? <input checked="" type="checkbox"/> Yes B <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> Lodging _____ Transportation _____ Meals _____ Other _____ <b>TOTAL \$ 0.00</b>
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No fees charged to district

Categorical Budget Code(s): N/A FEES PAID BY WORLD STRIDES \$ 0.00

General Fund/Unrestricted \$ \_\_\_\_\_

\*\*\*If any meals are included in the cost of registration, how many of each: Breakfast 3 Lunch 4 Dinner 4

**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	N/A
Hotel	N/A
Airfare ****	N/A
Car Rental ****	N/A