

## SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item#\_\_9.1d

Meeting	g Date: February 20, 2014
Subject	t: Sutter Middle School Field Trip to Ashland, Oregon, March 10-12, 2014 to attend the Shakespeare Festival
	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 Sutter Middle School Field Trip to Ashland, Oregon, March 10-12, 2014 to attend the Shakespeare Festival

Background/Rationale: March 10-12, 2014 students from Sutter Middle School will travel to Ashland, Oregon to see two plays at the Shakespeare Festival. A chartered bus will provide transportation for the 78 students, 2 teacher chaperones, and 21 parent chaperones. Students will be accompanied by chaperones to all plays. All parties will depart from Sutter Middle School on Monday, March 10, 2014, at 8:30 a.m. and return to Sutter Middle School Wednesday, March 12, 2014, at approximately 3:00 p.m. Emergency information will accompany the students on the bus. Students and chaperones will stay at Southern Oregon University dorms.

**<u>Financial Considerations</u>**: 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 FIELD TRIP REQUEST FORM (USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form required for <u>each</u> student field trip, See refi School Name Sutter Middle School	erence distribution section for details concerning each type of trip.  Date January 10, 2014
	Room # 216 Telephone # 916-264-415
Field Trip Destination_Ashland, Oregon	Fax # 916-264-3436
☐ Local (50 mile radius) ☐ Out-of-Town (E	Beyond 50 mile radius)
Route 15 North Ut-of-State/Country Involving Sv	vimming or Wading Unusual Activities
Educational nature of field trip/excursion Students will partic	ipate in the Oregon Shakespeare Festival in Ashlanc
Depart Date 3/10/14 Time 8:30 AM am/pm	Return Date 3/12/14 Time 3:00 PM am/pm
TRANSPORTATION will be provided by: Walking Chartered Bus Company Certified: yes Private Vehicle – Complete Volunteer Personal Automorphic Parent Driver – Must have fingerprint clearance, check Faculty Driver – Complete Volunteer Personal Automorphic Public Transportation Train Commercial Automorphic Public Publ	L no — Check Risk Management Web Site obile Use Form for each vehicle and driver, with Volunteer Office, bile Use Form for each vehicle and driver.
Funding Source Individuals	Financial Assistance Available?  yes  no
Number of students participating: 78	- vap
Adult Supervisors/ Drivers: DRIVER	DRIVER
1)	2) yes no no no no
Teachers and Staff Attending:	
1) Jane Vicari 3) Robert Cortes  Principal Approval	2) yes
Risk Management Approval (Unusual Activities)	Date 1/23/14 Date 1/24/14
Distribution: Refer to Field Trip Information Form RSK 106F for the forms an	d distribution required for each trip:
Local Trip: (50 mile radius) - Submit to Principal for approval. Maintain .  Out-Of-Town: (beyond 50 mile radius) - Submit to Principal for approval .  Overnight Trip: Submit to Principal for approval then forward to Segmer .  Trip Involving Swimming or Wading: Submit to Principal for approval the .  Trip Involving Unusual Activities (Water sports or high risk activities to Principal for approval then forward to Segment Administrator and Risk Liability Insurance.  Out-of-State/Country: Submit to Principal for approval then forward to Strip. Must have Superintendent and Board approval prior to trip. Segment Administrator 6 weeks prior to trip will be considered automatica.	then forward to Segment Administrator 10 days prior to trip.  and Administrator 10 days prior to trip.  and forward to Segment Administrator 10 days prior to trip.  a such as rafting, snorkeling, rock climbing, skiing, etc.) - Submit  a Management 6 weeks prior to trip. Must purchase Special Event  appeared Administrator and Risk Management SIX (6) WEEKS prior to
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:	Purpose for Attending:			Instructions. This form must be completed and received in Accounts. Payable at least 30 days only to the						
Conference/Workshop	Professional Development					ays procorne /s (foul-of-state				
Business Meeting	Continued Educati	ntinued Education Credits Earned		REQ#						
School/Department Suffer Middle School Date January 10, 201										
Date(s) of Event March 10-12, 2014			n	and the same and an increase a						
Event Title (attach brochure)  Dregon Shakespeare Festival										
Students will participate in college life and watch two plays by the Oregon Shakespeare Festival in Ashland, Oregon.  Purpose*  *(what value does this activity give students, attendees, staff, department/site or community?)										
This travel will align with the District's strategic plan by providing students with History and How does this travel align with the District's strategic plan? Language Arts Common Core experiences.										
How will this activity/event be used and shared? This activity will enrich 7th graders as the experiences are aligned with the Common Core Standards.										
Name of Attendee(s) (attach sheet for additional at	tendees) Po	osition S	ubstitute No. (Y/N)** Re	of Days equired		get Code substitute)				
Elaine Tom	Teacher		No Ø							
			Ö							
			0							
			0							
**IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770   Additional Attendees Attached  Approvals: District cost for all attendees (estimate)										
Carl les	$\overline{}$	01-15-14			tration Fo	T				
Principal/Department Head Signa	Meals include	d? 6								
MHNgus		1/24/14	В							
Cabinet Level or Besignee Signa	; ; [	dging								
Chief Business Officer Signature	7.4	ansportation								
Const (N	1	1-24-14	V Mea	*						
Superintendent or Designee Sign	- Oth									
			<u>.</u>	TOTAL						
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 reques	sted, send a copy of this form	n to Purchasing, Box	830	•						